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**London Beth Din**

**Arbitration/Din Torah**

**Application form**

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| --- | --- |
| Name(s) of Applicant |  |
| Address |  |
| Daytime telephone contact numbers and email address |  |
| Name(s) of proposed defendant(s) |  |
| Address of proposed defendant(s) |  |
| Daytime telephone contact numbers and email address of proposed defendant(s) |  |
| Nature of the claim |  |
| Relief sought |  |

Please note that this application should be accompanied by a deposit cheque for the sum of £100 payable to USKB. Alternatively, please contact the LBD office on to make a payment over the phone or pay by BACS transfer (Sort Code 60-80-07, Account number 54160537).