

## Request for Arbitration

To the

FIBA Arbitral Tribunal  
Fédération Internationale de Basketball  
51-53, Avenue Louis Casarī  
1217 Meyrin/Geneva  
Switzerland  
By facsimile to: +41-22-5450099  
By E-mail: [FAT Secretariat](#) *[ctrl + click]*

Date:

### The Claimant(s)

Name of the  
Claimant

[Second Claimant, if applicable]

Full Address:

Telephone:

Facsimile:

E-Mail:

Counsel (if applicable):

Name:

Company:

Full Address:

Telephone:

Facsimile:

E-Mail:

hereby request(s) that an arbitration be commenced against

### the Respondent

Name of the Respondent:

Full Address:

Telephone:

Facsimile:

E-Mail:

Contact person of the  
Respondent

according to the Arbitration Rules of the FIBA Arbitral Tribunal ("FAT Rules") in force at the time of the filing of this Request for Arbitration.

The Claimant and the Respondent are parties to an arbitration agreement dated according to which this dispute shall be submitted to the FAT.

**Copy of the Arbitration Agreement**  
[must be] attached .

The Claimant requests that any communication to him/her/it concerning this arbitration be made as per the FAT Rules

- to the Counsel specified above.
- to the Claimant specified above, as no Counsel is appointed.

**1. Facts and Legal Arguments**

**2. Request for Relief**

*[e.g. salaries, agent fees, compensation, late payment fee, interests, costs of the arbitration, legal fees and expenses, other requests]*

Claimant(s) request(s):

**3. Evidence**

All written evidence on which the Claimant intends to rely is attached hereto.

**4. Request for Hearing and for Examination of (a) witness(es) [not mandatory]**

The Claimant requests that a hearing be held   
and that Mr./Mrs \_\_\_\_\_ is/are to be examined as witness(es) .

**Witness(es):**

Name:

[Second Witness, if applicable]

Full

Address:

Telephone:

Facsimile:

E-Mail:

**5. Costs**

The Claimant(s) recognise(s) that the arbitration will not proceed until a non-reimbursable handling fee of EUR [REDACTED], in accordance with Article 19.1 of the FAT Rules, is received in the FIBA bank account as follows:

Beneficiary: FIBA (Arbitral Tribunal)  
Bank: UBS Lausanne, Switzerland  
Account No.: 0243-509384.60F  
IBAN: CH480024324350938460F  
Swift: UBSWCHZH80A

A copy of the bank transfer voucher is attached to the Request of Arbitration.

The costs of the arbitration will be fixed by the Arbitrator at a later point in time.

Signature \_\_\_\_\_

Name and Title in print:

**POWER OF ATTORNEY**

The undersigned hereby appoints

Mr. / Ms .....  
[name(s) of representative(s)]

each individually to fully and generally represent the undersigned, including the right to grant sub-power of attorney, vis-à-vis third parties and courts / courts of arbitration in the matter of

**[Claimant(s) vs. Respondent]**

**before the FIBA Arbitral Tribunal (FAT)**

This power of attorney can be transferred and continues to be valid in case of death or legal incapacity of the undersigned. It shall include, but not be limited to, the authority to

- make and receive statements and declarations of any nature, in particular, to receive service of process;
- represent the undersigned in any litigation / arbitration as well as enforcement and ancillary proceedings,
- enter into settlement agreements, and
- accept on behalf of the undersigned money and other valuables.

.....  
Place, Date

.....  
Signature

.....  
Name of the Undersigned in Print