

Application Form

(...) Date of Application to the Consumer Arbitration

Board:

Application Number:

Applicant's Identification Information

Republic of Turkey ID No*:

First and Last Name*:

Applicant's Contact Information

District/City of

Residence*: Address*:

Email: Telephone

Number*:

Applicant's Representative

Republic of Turkey ID No:

First and Last Name:

Address:

Contact Information:

Complainee's Information

Business Name*:

Address:

District/City:

Telephone:

Fax:

Information on the Dispute

Date of Dispute: Amount of

Dispute*: Subject of Dispute:

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.....

Applicant's Request*:

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.....

Applicant's Signature*:

(*) Mandatory fields.

Attachment:

1 – Copy of the ruling by the District Governorship/Governorship Consumer Arbitration Board.

2 – Copy of the documents, such as the petition about the defective goods/service.

To the Attention of the Consumer Court Presidency

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Claimant(Petitioner) :
T.R. ID No :
Address :

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.....
.....

Phone/Fax (if any) : /

Offender (Defendant) :
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...

Case Value :

Arbitration Board Ruling
Contact Date :

Subject of the Objection : Request to remove the Consumer Arbitration Board
decision No., dated

Reason for Objection :
.....
.....
.....(Explanation).....
.....

Legal Evidence :
- The Consumer Protection Law No: 6502,
- Code of Obligations,
- Witness,
- Expert, and all evidences

Conclusion and Request : I request the ruling no., dated (Month, Day, Year), by the District Governorship/Governorship Consumer Arbitration Board of to be removed (annulled) and the court expenses to be paid by the defendant.
(Month, Day, Year)

Name and Last Name, Signature

Attachment:

- 1- Copy of the ruling by the Consumer Arbitration Board of the District Governorship/Governorship Consumer Arbitration Board
- 2- Copy of the documents, such as the petition about the defective goods/service.