

Construction Development Board REQUEST FOR ARBITRATION (CAC01)

1. Person(s) or Firm(s) making the Request (“Claimant(s)”):

(i) Name of Claimant: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

Name of authorised representative: _____

IF THERE ARE FURTHER CLAIMANTS, PLEASE CONTINUE ON A SEPARATE SHEET

2. Legal or Other Third Party Representative(s) (“Agent(s)”)

(i) If this Request is made by an agent representing the Claimant, please provide a copy of the document authorising the representation (“power of attorney”) together with the following details:

Name of Agent: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

IF THERE ARE FURTHER CLAIMANTS PLEASE CONTINUE ON A SEPARATE SHEET

3. Person(s) or Firm(s) against whom the Request is made (“Respondent(s)”)

Name of Respondent: _____
Citizenship ID #: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

4. Basis of Arbitration

clause in the contract document (enclose copy)

5. The Basis of the Request (“Claim”)

- (i) This Claim is for:
- money, compensation or damages in the amount of: _____
 - others: _____

- (ii) The Essence of the Claim is: _____

(Please attach additional sheet(s) where necessary to fully describe your evidence)

6. Evidence

This Claim is accompanied by:

- a copy of the contract document between the Claimant and the Respondent(s)
- other evidence, as specified: _____

- the following list of proposed witnesses of fact and/or expert witnesses

(Please attach additional sheet(s) where necessary to fully describe your evidence)

7. Fee

The administrative fee of Nu. _____ is enclosed herewith based on the Schedule of Administrative Fees prescribed by the Construction Development Board:

8. Statement of Adherence

I/we hereby declare that

- (i) the above information is true and accurate to the best of my/our knowledge and belief and that
- (ii) I/we accept the constitution, rules and procedures of the National Arbitration Committee in their entirety and undertake to carry out the arbitral award of the National Arbitration

Committee faithfully and without delay and that

- (iii) I/we waive my/our right to any form of appeal from the arbitral award insofar as such waiver can be validly made.

(please affix legal stamps)

_____ OR _____
Claimant Agent

Location:

Date:

FOR OFFICIAL USE:

1. Verification

Yes

No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Request received in correct form |
| <input type="checkbox"/> | <input type="checkbox"/> | Valid arbitration clause |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract Document enclosed |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence enclosed |
| <input type="checkbox"/> | <input type="checkbox"/> | Power of attorney enclosed, where appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | Administrative fee enclosed |

2. Action

- If not verified, return to Claimant with reasons for non-conformity
- Where verified:
- prepare reply form(s) and complete, as appropriate,
- send a copy of the Request and Reply forms to the Respondent(s)

Verified by:

Action taken by:

Name and Date

Name and Date