

REQUEST FOR ARBITRATION FORM

APPLICANT INFORMATION

Name and Surname:

Company Name
(if applicable):

Registration Number /
ID Number:

Physical Address:

Postal Address:

Tel:

Fax:

Mobile:

Email:

APPLICANT'S REPRESENTATIVE INFORMATION

Name and Surname:

Physical Address:

Postal Address:

Tel:

Fax:

Mobile:

Email:



RESPONDENT 1: INFORMATION

Company Name:

Company Name
(if applicable):

Registration Number /
ID Number:

Physical Address:

Postal Address:

Tel:

Fax:

Mobile:

Email:

RESPONDENT 2: INFORMATION

Name and Surname:

Company Name
(if applicable):

Registration Number /
ID Number:

Physical Address:

Postal Address:

Tel:

Fax:

Mobile:

Email:



RESPONDENT 3: INFORMATION

Name and Surname:

Company Name
(if applicable):

Registration Number /
ID Number:

Physical Address:

Postal Address:

Tel:

Fax:

Mobile:

Email:

RESPONDENT'S REPRESENTATIVE INFORMATION

Name and Surname:

Physical Address:

Postal Address:

Tel:

Fax:

Mobile:

Email:



Indicate the amount that is claimed for by the Applicant:

Indicate the claim amount (counter claim) that is claimed for by the Respondent (if applicable):

The cause of the dispute is:
(*Choose one of the following and mark with "x"*)

Goods sold
& delivered

Services
rendered

Money lent
and advanced

The Applicant confirms that both Parties (Applicant and Respondent) have already agreed to arbitration in accordance with the rules for SAFE, as indicated in the agreement hereto attached

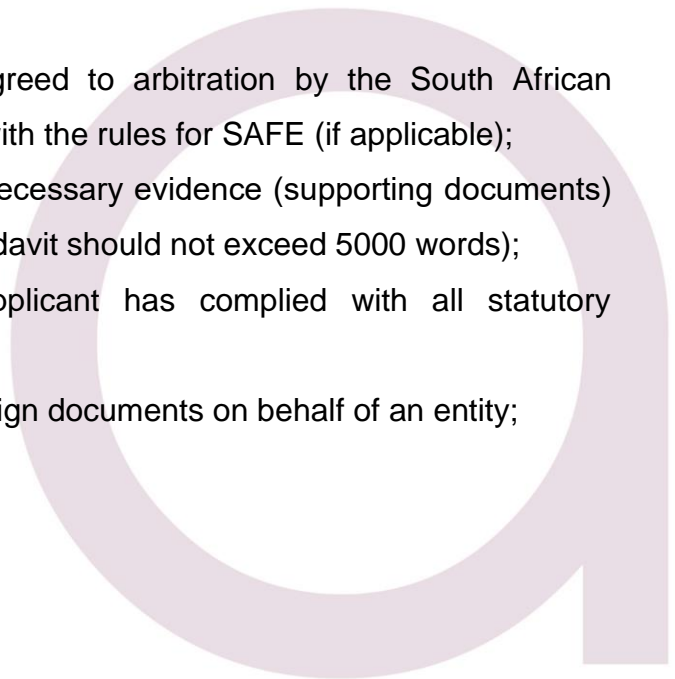
Request to appoint an Arbitrator

The Chairperson of the South African Chamber of Arbitration is hereby requested to appoint an Arbitrator in accordance with the rules for Speedy Arbitration of Financial Claims (hereafter referred to as "SAFE").

Both the Applicant and Respondent are familiar with the Rules for SAFE which can also be accessed via the South African Chamber of Arbitration's website:
www.arbitrationsa.co.za

The following documents must also be submitted together with the 'Request for Arbitration' form:

1. Agreement by which parties have agreed to arbitration by the South African Chamber of Arbitration in accordance with the rules for SAFE (if applicable);
2. Applicant's affidavit together with the necessary evidence (supporting documents) as contained in the rules for SAFE (Affidavit should not exceed 5000 words);
3. Evidence that indicates that the Applicant has complied with all statutory requirements (if applicable);
4. Resolution which enables a person to sign documents on behalf of an entity;



The Applicant understands the content of this 'Request for Arbitration' form and confirms that the content of this document is true and correct. Should it at any stage transpire that the document contains false information, the South African Chamber of Arbitration maintains the right to cease the arbitration process with immediate effect and the guilty party will be held liable for all arbitration costs as indicated by the rules for SAFE.

Applicant Signature:

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First Witness:

Full Names
and Surname:

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Tel:

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Physical
Address:

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Second Witness:

Full Names
and Surname:

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Tel:

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Physical
Address:

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