



(ANB) Adjudication application reference no.: \_\_\_\_\_

**SECTION B  
INFORMATION ON RESPONDENT**

Name of Respondent / Registered company / organisation*:	
NRIC No./ Passport No. / ACRA Registration Number*:	
Respondent's category: (eg. Government body, private developer, general building contractor, subcontractor)	
Service address:	Tel: S( ) Fax:
Name/Designation of authorised representative:	Tel: Fax: Email:

**SECTION C  
INFORMATION ON PRINCIPAL (IF KNOWN) AND OWNER**

Name of Principal / Registered company / organisation*:	
Service address:	Tel: S( ) Fax:
Name of Owner / Registered company / organisation*:	
Service address:	Tel: S( ) Fax:

please "✓" accordingly  
\* please delete accordingly

(ANB) Adjudication application reference no.: \_\_\_\_\_

**SECTION D  
INFORMATION ON CONTRACT**

Project title or reference (or a brief description of the project):	
Contract number (or a brief description of the contract):	
Date Contract made:	(dd/mm/yy)
Date Main Contract made (if known)	(dd/mm/yy)
Contract type:	<input type="checkbox"/> pure supply contract <input type="checkbox"/> construction contract <input type="checkbox"/> contract for services (eg. consultancy services) <input type="checkbox"/> contract for works and services
Nature of Dispute	<input type="checkbox"/> disputed payment response <input type="checkbox"/> failure to respond with payment response <input type="checkbox"/> paid amount disputed (include nil payment)

**SECTION E  
INFORMATION ON PAYMENT DETAILS**

<b>Payment Claim</b>	
Payment claim reference number:	
Reference period of the claim:	From period between _____ and _____ (dd/mm/yy) (dd/mm/yy)
Date of payment claim served on Respondent:	(dd/mm/yy)
Payment claim amount:	S\$
<b>Payment Response</b>	
Payment response reference number:	
Due date for payment response to be served:	(dd/mm/yy)
Date of payment response served on Claimant (if any):	(dd/mm/yy)
Payment response amount (if any):	S\$
<b>Payment Due</b>	
Due date for payment to be made:	(dd/mm/yy)
Date of payment made by the Respondent (if any):	(dd/mm/yy)
Amount of payment made by the Respondent (if any):	S\$

<b>Claimed amount:</b>	<b>S\$</b>
------------------------	------------

- please "✓" accordingly
- \* please delete accordingly

(ANB) Adjudication application reference no.: \_\_\_\_\_

## SECTION F

### LIST OF ATTACHMENTS (Please provide 4 sets of each attachment.)

- |  |
|--|
| <input type="checkbox"/> Relevant Contractual terms and conditions   |
| <input type="checkbox"/> Payment claim served  |
| <input type="checkbox"/> Payment response received (if any)  |
| <input type="checkbox"/> Notice of intention to apply for adjudication   |
| <input type="checkbox"/> Other relevant documents (Please indicate):<br><i>(eg expert reports, photographs, etc.).</i> |

*Please use continuation sheet if space provided is insufficient.*

## SECTION G

### PAYMENT

- |   |
|---|
| <input type="checkbox"/> Cheque/Cashier's Order No. _____ * of amount: S\$_____ ) being -<br><input type="checkbox"/> Adjudication Application fee of S\$535 (inclusive of GST which will be charged at the prevailing rate); and<br><br><b>Adjudicator Fee</b><br><input type="checkbox"/> deposit of S\$2,000.00 where the claimed amount is below S\$20,000.00 ; <b>OR</b><br><input type="checkbox"/> deposit of S\$_____ where the claimed amount exceeds S\$20,000.00 i.e. 5% of the claimed amount (subject to a minimum deposit of S\$2,000). |
|---|

The Claimant hereby applies for adjudication of the referenced payment claim under the Building and Construction Industry Security of Payment Act (Cap.30B) and requests the Authorised Nominating Body (ANB) to appoint an Adjudicator for the adjudication. The Claimant hereby agrees to abide by the Adjudication Procedure Rules.

Name of Claimant / authorised representative\*:

Authorised signature & Organisation stamp (if applicable):

Date:

\_\_\_\_\_ (dd/mm/yy)

OFFICIAL USE	
Filing Date:	
Remarks (if any):	

please "✓" accordingly

\* please delete accordingly