REQUEST FOR ARBITRATION

The Secretariat
AFSA International
First floor, Grindrod Tower
8A Protea Place
Sandton
email: julia@arbitration.co.za

PO Box 653007 Benmore 2010
Docex 143 Randburg
Fax (011) 320 0533

Dear Madam,

On behalf of the undermentioned claimant/s, for whom I have authority to act, I request the Secretariat of AFSA International to accept this request for arbitration under its Rules.

Herewith the necessary information:

1. **PARTIES**

   1(a) Name of Claimant/s (In the case of multiple Claimants this information is to be provided for each Claimant)

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   ........................................................................................................................................................................
1(b) Description (ie natural person; company; etc.)
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1(c) Nationality of Claimant or country in which it conducts business
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1(d) Address .................................................................................................................................
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1(e) Telephone No ......................................................................................................................

1(f) Fax No. .................................................................................................................................

1(g) E-mail address: ......................................................................................................................

1(h) Name and address of Claimant’s legal representative
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2(a) Name of Respondent (In the case of multiple Respondents this information is to be provided for each Respondent)
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2(b) Description (ie natural person; company; cc, etc.)
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2(c) Nationality of Respondent or country in which it conducts business
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2(d) Address .................................................................................................................................
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2(e) Telephone No ......................................................................................................................

2(f) Fax No. .................................................................................................................................

2(g) E-mail address: ......................................................................................................................
2(h) Name and address of Respondent’s legal representative if known
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3. ARBITRATION AGREEMENT

I attach hereto –

(i) A copy of the written arbitration agreement in which all the parties agree to arbitration and which I have marked “A”

(ii) I am satisfied that an award made by the tribunal in accordance with the claims made by the Claimant (and which form part of the statement attached hereto marked "B") will fall within the terms of the Arbitration Agreement/Court Order.

4. STATEMENT OF CLAIM

I attach hereto a statement marked "B" setting out the Claimant's right to sue (locus standi); the nature of the dispute, the material facts and contentions of the Claimant/s; the relief claimed and a copy of any agreement or document on which the claim is based, or is important in establishing the Claimant/s case and is intended to be put in evidence at the hearing.

5. LANGUAGE REQUIREMENTS

(i) Home language of Claimant/s
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(ii) Other languages in which Claimant/s is/are proficient
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(iii) Preferred language for the arbitration proceedings
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(iv) Is it envisaged that a translation service will be required?
6. **VENUE AND SEAT**

   (i) Does the arbitration agreement identify a venue and/or seat? …………..

   (ii) If so, what is the venue and/or seat?

       ..........................................................................................................................

   (iii) If not, does/do the Claimant/s have any preferences as to venue and/or seat?

7. **PROPER LAW**

   (i) Does the arbitration agreement identify the proper law (is the law applicable to the merits of the dispute)? …………………………………………………

   (ii) If so, what is the proper law applicable?  ……………………………………..

   (iii) If not, does/do the Claimant/s have any proposals regarding the choice of the proper law? …………………………………………………………………..

8. **CHOICE OF TRIBUNAL**

   (a) (i) Does the arbitration agreement identify the number of arbitrators who must constitute the Panel?

         (ii) If so, what is the required number?  ………………………………

         (iii) If not, what recommendation does/do the Claimant/s make regarding the number of members of the tribunal

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   (b) (i) Does the arbitration agreement name the arbitrator/s who are to be members of the tribunal? …………………………………………………

         (ii) If so, please provide the name, address, telephone number, facsimile number and email address of each named arbitrator?

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(c) If the Arbitration Agreement does not identify the arbitrators and if the Secretariat directs, after consultation with the parties, that the tribunal should consist of three persons, one nominated by the Claimant or Claimants jointly, one nominated by the Respondent, or the Respondents jointly, and a Chairman selected by the Secretariat, then:

(i) Please provide the name of the Claimant’s nomination of an arbitrator with full details of such nominee, including the nominee’s full name, address, professional qualifications, telephone number, facsimile number, email address and nationality;

(ii) If the Claimant wishes to suggest any particular qualifications that the Secretariat should consider in appointing a Chairman of the tribunal, then list such qualifications.

(d) In the event that the Panel is to consist of one arbitrator only, please indicate any particular qualifications and requirements which the Secretariat should consider in making such appointment.

9. **MISCELLANEOUS**

Are there any other matters to which the Claimant would wish the Secretariat to take into consideration in administering the matter? If so, please state:

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10. I attach payment of the first fee in the sum of R……………… for preliminary processing of matter and which will be credited against the administration fee payable. **This fee is non-refundable.** Furthermore, Claimant acknowledges that if the Secretariat accepts this request for arbitration under its Rules, then Claimant’s share of the administration fee will fall due for payment within 14 days of the Secretariat’s fee invoice.

Signature of Claimant/s representative

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DATE: