

ANNEX 1

REQUEST FOR SCRIBE

CLAIMANT'S PARTICULARS

Name:	
Address:	
Telephone:	
Fax:	
Email:	

The Claimant hereby gives notice that it wishes to lodge a claim and wishes to resolve the following dispute(s) against the below-named Respondent, in accordance with the SCRIBE Rules.

Insofar as there may already be an applicable dispute resolution clause, the Claimant invites the below-named Respondent to agree that parties will not act on / rely on the said dispute resolution clause, and that parties will instead resolve the dispute(s) in accordance with the SCRIBE Rules.

RESPONDENT'S PARTICULARS

Name:	
Address:	
Telephone:	
Fax:	
Email:	

PARTICULARS OF THE CLAIM

Nature of the Claim / Dispute

<input type="checkbox"/> Non payment	<input type="checkbox"/> Damage to goods	<input type="checkbox"/> Other contractual breaches / Other non-contractual claim(s): (please specify) _____
<input type="checkbox"/> Late payment	<input type="checkbox"/> Incomplete services	<input type="checkbox"/> Negligence
<input type="checkbox"/> Non delivery of goods	<input type="checkbox"/> Unsatisfactory services	<input type="checkbox"/> Personal injury
<input type="checkbox"/> Defective / Off-specification goods	<input type="checkbox"/> Non provision of services	<input type="checkbox"/> Employment claim

RELIEF SOUGHT:

Monetary Claim(s): _____ (please specify)

Non-Monetary Claim(s): _____ (please specify)

BRIEF SUMMARY OF CLAIM

SUPPORTING DOCUMENTS (please provide copies of all key supporting documents)

<input type="checkbox"/> Contract(s)	<input type="checkbox"/> Surveyors reports
<input type="checkbox"/> Invoice(s)	<input type="checkbox"/> Medical reports
<input type="checkbox"/> Bills of lading	<input type="checkbox"/> Others: (please specify) _____
<input type="checkbox"/> Certificates	

Date:

Signature of Claimant:

Name:

Designation:

ANNEX 2

RESPONSE TO REQUEST FOR SCRIBE

RESPONDENT'S PARTICULARS

Name:	
Address:	
Telephone:	
Fax:	
Email:	

The Respondent confirms receipt of the Request for SCRIBE dated _____ (please specify) and agrees / does not agree to have the claim(s) / dispute(s) described therein, resolved in accordance with the SCRIBE Rules.

Insofar as there may already be an applicable dispute resolution clause, the Respondent confirms that it is agreeable / not agreeable (please specify) to parties not acting on / relying on this dispute resolution clause.

The Respondent also wishes to submit a counterclaim against the Claimant. The Particulars of the counterclaim are set out below. Yes / No (please specify. If yes, please provide the particulars of the Counterclaim)

PARTICULARS OF THE COUNTERCLAIM (IF APPLICABLE)

Nature of the Counterclaim/ Dispute

<input type="checkbox"/> Non payment	<input type="checkbox"/> Damage to goods	<input type="checkbox"/> Other contractual breaches / Other non-contractual claim(s): (please specify) _____
<input type="checkbox"/> Late payment	<input type="checkbox"/> Incomplete services	<input type="checkbox"/> Negligence
<input type="checkbox"/> Non delivery of goods	<input type="checkbox"/> Unsatisfactory services	<input type="checkbox"/> Personal injury
<input type="checkbox"/> Defective / Off-specification goods	<input type="checkbox"/> Non provision of services	<input type="checkbox"/> Employment claim

RELIEF SOUGHT:

Monetary Claim(s): _____ (please specify)

Non-Monetary Claim(s): _____ (please specify)

BRIEF SUMMARY OF COUNTERCLAIM

SUPPORTING DOCUMENTS (please provide copies of all key supporting documents)

<input type="checkbox"/> Contract(s)	<input type="checkbox"/> Surveyors reports
<input type="checkbox"/> Invoice(s)	<input type="checkbox"/> Medical reports
<input type="checkbox"/> Bills of lading	<input type="checkbox"/> Others: (please specify) _____
<input type="checkbox"/> Certificates	

Date:

Signature of Respondent:

Name:

Designation: