Online Arbitration Centre (Pty) Ltd Reg.Nr.2016/252893/07

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: | | | |

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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:

Email:

Mobile:

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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:

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| 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 | Goods sold & delivered | Services rendered | Money lent and advanced |
| and mark with "x") | | | |

The Applicant confirms that both parties (Applicant and Respondent) have agreed to arbitration in accordance with the rules of the Online Arbitration Centre, as specified in the attached agreement.

Request to appoint an Arbitrator

The Chairperson of the Online Arbitration Centre is hereby requested to appoint an Arbitrator in accordance with the rules of the Online Arbitration Centre. Both the Applicant and Respondent are familiar with the Chamber's which can also be accessed via the Centre's website: www.onlinearbitration.co.za

The Following documents must also be submitted together with the 'Request for Arbitration Form:

- 1. Agreement wherein the parties consent to arbitration by the Online Arbitration Centre, in accordance with its established rules;
- 2. Applicant's affidavit, accompanied by the required supporting documents as specified in the rules, with the affidavit not exceeding 5,000 words;
- 3. Evidence that indicates the Applicant has complied with all statutory requirements and performed in accordance with the agreement;
- 4. A resolution authorising an individual to sign documents on behalf of an entity.

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The Applicant understands the content of this 'Request for Arbitration' form and confirms that it is true and correct. If it is found at any stage that the document contains false information, the Online Arbitration Centre reserves the right to terminate the arbitration process immediately. The party responsible for the false information will be held liable for all arbitration costs as specified in the rules.

| Applicant Signature: | |
|-------------------------|-------------------------|
| First Witness: | Second Witness: |
| Full Names and Surname: | Full Names and Surname: |
| Tel: | Tel: |
| Physical Address: | Physical Address: |