

**SCCA Committee for Administrative Decisions**

– SCCA-CAD Service Request Form –

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTY 1** | | | |
| **Name:** | | | **Nationality:** |
| **Address:** | | | **National Address (for Saudi residents only):** |
| **City:** | **State/Province:** | | **Country:** |
| **P.O. Box:** | **Post Code:** | | **Type of Business:** |
| **Telephone:** | | **Email:** | |
| **Representative (if any):** | | **Name of Firm (if applicable):** | |
| **Address:** | | | |
| **City:** | **State/Province:** | | **Country:** |
| **P.O. Box:** | **Post Code:** | | **National Address (for Saudi residents only):** |
| **Telephone:** | | **Email:** | |

**NOTE: In case of multiple Claimants, please provide the requested information and signatures with reference to this form on a separate sheet.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTY 2** | | | |
| **Name:** | | | **Nationality:** |
| **Address:** | | | **National Address (for Saudi residents only):** |
| **City:** | **State/Province:** | | **Country:** |
| **P.O. Box:** | **Post Code:** | | **Type of Business:** |
| **Telephone:** | | **Email:** | |
| **Representative (if any):** | | **Name of Firm (if applicable):** | |
| **Address:** | | | |
| **City:** | **State/Province:** | | **Country:** |
| **P.O. Box:** | **Post Code:** | | **National Address (for Saudi residents only):** |
| **Telephone:** | | **Email:** | |

**NOTE: In case of multiple Respondents, please provide the requested information and signatures with reference to this form on a separate sheet.**

|  |  |
| --- | --- |
| **REQUEST AND CASE BACKGROUND** | |
| **Service requested (check one):**  Challenge of one Arbitrator  Dispute over Number of Arbitrators  Dispute over Place of Arbitration | |
| **Claim Amount:** | **Counterclaim Amount:** |
| **Nature of Dispute:** | |

**Terms and Conditions:**

1. **Scope of Service** – The SCCA’s service is limited to the determination requested with regard to either (1) a challenge of one arbitrator, (2) a dispute over the number of arbitrators, or (3) a dispute over the place of arbitration, after which the requested service ends. As such, the SCCA is not involved in any further administration of the matter, or any other typical functions performed by arbitral institutions in the context of full-service case administration.
2. **Service Fee and Refund** – The Service Fee in the amount of SAR 10,000 is payable at the time of submission of this form. In case the SCCA is unable to comply with the parties’ request, it may, in its sole discretion, terminate its service. In that case, the SCCA will refund the Service Fee paid.
3. **Exclusion of Liability** – The requesting parties agree that neither the SCCA, nor its Board of Directors or employees or the SCCA Committee for Administrative Decisions shall be liable to any party in any action for damages or injunctive relief for any act or omission in connection with this Service or the parties’ arbitration. The parties further agree that neither the SCCA, nor its Board of Directors or employees or the SCCA Committee for Administrative Decisions are a necessary party to any court action and shall not be called as a witness in litigation or any other proceeding in connection with the parties’ arbitration for which this Service has been utilized.

|  |  |
| --- | --- |
| **By signing this SCCA-CAD Service Request Form, the requesting parties and representatives acknowledge to have read the above-mentioned terms and conditions and agree to be bound by them.** | |
| **Date:** | **Date:** |
| **Party 1 Signature:** | **Party 2 Signature:** |

**NOTE: Please add a separate sheet with all names and signatures if more parties are involved and need to sign this form.**