

**List-and-Appointment 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:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 parties, please provide the requested information and signatures with reference to this form on a separate sheet.**

|  |  |
| --- | --- |
| **REQUEST AND CASE BACKGROUND** | |
| **Size of arbitrator list (check one):**  5 names (SAR 3,000) 10 names (SAR 4,000) 15 names (SAR 5,000)  NOTE: An additional SAR 3,000 will be charged for each arbitrator to be the appointment. | |
| **Desired arbitrator requirements** (e.g., professional qualifications, industry expertise, language, preferred location, other relevant information including any limitations): | |
| **Claim Amount:** | **Counterclaim Amount:** |
| **Nature of Dispute:** | |

**Terms and Conditions:**

1. **Scope of Service** – The SCCA’s service is limited to the composition and circulation of the arbitrator list and resumes to the requesting part(ies), the appointment of the arbitrator(s), the determination of any challenges based on submitted disclosures by the arbitrator(s), and any substitutions in case of a removal after which the SCCA’s List-and-Appointment Service ends. As such, the SCCA is not involved in any administration of the matter, such as the management of arbitrator compensation and expenses, organization of events, award review, and any other typical functions performed by arbitral institutions in the context of full-service case administration.
2. **List-and-Appointment Service Fee, Refund and Credit** – The List-and-Appointment Service Fee is payable at the time of submission of this form. In case the SCCA is unable to compile an appropriate list after completing a search, it may, in its sole discretion, terminate its service. In that case, the SCCA will refund the List-and-Appointment Service Fee paid. If after the conclusion of the List-and-Appointment Service the parties agree to submit their dispute to the SCCA for full-service case administration, the SCCA will credit the List-and-Appointment Service Fee paid towards the SCCA’s administrative fees pursuant to Appendix I to the SCCA Arbitration Rules.
3. **Exclusion of Liability** – The parties agree that neither the SCCA, nor its Board of Directors or employees shall be liable to any party in any action for damages or injunctive relief for any act or omission in connection with this List-and-Appointment Service or the parties’ arbitration. The parties further agree that neither the SCCA, nor its Board of Directors or employees 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 List-and-Appointment Service has been utilized.

|  |  |
| --- | --- |
| **By signing this List-and-Appointment Service Request Form, all parties to this dispute 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: All parties to this dispute need to sign this form. Please add a separate sheet with all names and signatures if more parties are involved.**