		HKIE Case Reference:
Form 2		
	l	
Request to the ANB to ap (in accordance with the HK	opoint an Adjudicator (IE Adjudication Rules 2022)	
9/F Island Beverley No. 1 Great George Causeway Bay, Hong Kong.		SPACE for HKIE Date & Time Chop
1. Claimant's Details		
Company		
Contact Person		
Address		
Phone		
Fax		
Email Address		
2. Respondent's Details		
Company		
Contact Person		
Address		
Phone		
Fax		
Email Address		
3. Main Contract/ Subcon	tract	
Details		
Main Contract Number		
Main Contract Title		
Award Date		
Contractor Name		
Contract Sum		
Relevant Subcontract		
Number (if applicable)		
Subcontract Title		
Site/ Job Description		
Subcontract Award Date		
Subcontract Sum		
-		
4. Payment Claim Details		
Payment Claim Reference		

Number

Date served on Respondent		
Due Date for Payment		
Payment Claim Amount		
5. Payment Response		
Details		
 Payment Response 		
Reference Number		
 Due Date for Payment 		
Response to be served		
Date served on Claimant		
 Payment Response Amount 		
(if any)		
Due Date for Payment		
 Date of Payment made by the 		
Respondent		
 Amount of Payment made by 		
the Respondent		
C. Natura and Danasintian at t	ha Danmant Diamete	
6. Nature and Description of t	ne Payment Dispute	
7. Data of Complex of the Medica of A. P. Perilling and A. Perilling and A. P. Perilling and A. Perilling a		
7. Date of Service of the Notice of Adjudication on the Respondent		
0. Claimed Amount and Domody County		
8. Claimed Amount and Remedy Sought		
a) A dispute has arisen between	en us (the Claimant) and the Respondent under the Contract/	
Subcontract arising from the above referenced Payment Claim		
b) Pursuant to the SOP Provisions of DEVB TC (Works) No. 6/2021 and in accordance with the		
HKIE Adjudications Rules 2022, we hereby request you to appoint a suitable person to act as		
adjudicator in the dispute and notify the parties in writing.		
	Ta riom, and parade in mining.	
Enclosed herewith is [cheque/ E	Bank Draft/ other approved mode of payment] in the amount of	
[amount] being payment for the non-refundable registration fee for this request to appoint.		
Signed for and on behalf of the Claimant		
Name :		
Position:		
Date:		

Enclosures:

- 1. Cheque/ Bank Draft by the Claimant
- 2. Copy of Notice of Adjudication
- 3. Copy of Payment Claim and Payment Response (if applicable)