Office Use Only						
Date Received:						
File No.:						



## **ACT ADJUDICATION APPLICATION FORM**

Building and Construction Industry (Security of Payment) Act 2009 (ACT)

The claimant hereby applies for adjudication under the Act of the referenced payment claim. The documents attached to or submitted with this application form part of this application.

## The Claimant must ensure all details are correct and complete.

Claimant's Details –									
Claimant Company Name: (or sole trader, partnership or trustee name)									
Trading Name (if different):									
Claimant Contact:	Title	Firs	t name			Last Nam	ie		
ABN:					ACN:				
Business Address:									
Suburb:					State:		Postcode:		
Telephone:	Area Code				Mobile:				
Email:									
Respondent's Details -									
Respondent Company Name: (or sole trader, partnership or trustee name)									
Trading Name (if different):	<u> </u>								
Respondent Contact:	Title	Firs	t name			Last nam	е		
ABN:					ACN:				
Business Address: (as provided in contract or later correspondence)									
Suburb:					State:		Postcode:		
Telephone:	Area Code				Mobile:				
Email:									
Contract Details –									
Contract Date (date of oral/written agreement to undertake construction work/supply goods and services):					Project Locatio	n Postcode:			
Project Location Address:									
Project Name:					Contract numb		(If applicable, otherwi	se leave blank	)
Claimant's Business Type:	Consultant Subcontractor Contractor Supplier			Respondent's Business Type:		Client Consultar Contracto		Head contractor Subcontractor Supplier	
Type of construction work / related goods and services:	Eg: Concreting, plumbing, electrical engineering etc.		c	Date to which construction work or related goods and services calculated:					
Payment Claim Date: (Date claim served on respondent)					Payment Due I	Date:			
Payment Claim Amount: (incl. GST)					Payment Sche (Date schedule rece	eived by claimant)	(If provided)		
Payment Schedule amount: (incl. GST)	(If provided)			Total payment(s) received: (Since service of Payment Claim)					
If no <b>Payment Schedule</b> was re Act received by the respondent?	ceived,	what date	e was th	e notice	under Section	19(2) of the			
If requested by Adjudicate To application (including all attac			nt acknow	wledges	and agrees to	provide <u>two</u> ha	rd copies of	the adj	udication

This application form is provided to assist a Claimant to make an Adjudication Application under the *Building and Construction Industry* (Security of Payment) Act 1999 (ACT). The use of this form is not mandatory to make an Adjudication Application.

Date Print name of Claimant or Claimant representative Signature of Claimant or Claimant representative

	Adjudicate Today Pty Ltd	Phone: 1300 760 297	Fax: 1300 760 220	ABN 39 109 605 021	www.adjudicate.com.au	
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## **Adjudication Application Index**

DOCUMENT	Tab/Page #
Adjudication Application Form	
Written Submissions	
Payment Claim (including any attachments)	
Payment Claim evidence of service	
Confirmation of the date and method by which the claimant served the Payment Claim on the Respondent.	
Section 19(2) Notice (if applicable)	
Section 19(2) evidence of service	
Confirmation of the date and method by which the claimant served the Section 19(2) Notice on the Respondent.	
Payment Schedule (if served)	
Payment Schedule evidence of service	
Confirmation of the date and method by which the claimant received the Payment Schedule from the Respondent.	
Construction Contract	
Supporting Documents	

Use of this index template is not mandatory, but may assist both the compilation and processing of an adjudication application.

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