

REMISSION APPLICATION FORM REM-1

Remission Application Reference No. []

INSTRUCTIONS

Notice: A lodgment must be accompanied by the Adjudication Application Form (AA-1) and payment of Fees (Regs. 7 and 13 of the prevailing Building and Construction Industry Security of Payment Regulations and SMC Fee Schedule) to be accepted by SMC.

1. Please submit via one of the following modes of lodgment:

(a) Physical lodgment:

- **Two (2) original duly completed and signed/stamped copies** of the Adjudication Application Form; and
- **Two (2) sets of the accompanying documents by hand to:**

Singapore Mediation Centre
1 Coleman Street, The Adelphi
#08-05,
Singapore 179803
Tel No: 6252 4226

Opening Hours:
Mon to Fri, except public holidays
9 am to 4:30 pm
Eve of Christmas / New Year / Chinese New Year
9 am to 12:00 pm

(b) Electronic lodgment:

See Rule 2 of the prevailing Supplementary Rules for Electronic Lodgment.

2. Fees

(Fees to be computed in accordance with the SMC Fee Schedule and the mode of payment to be in accordance with the selected mode of lodgment):

(a) Physical lodgment:

See Rule 2.3 of the SMC Fee Schedule for the mode of payment.

(b) Electronic lodgment:

See Rule 3 of the Supplementary Rules for Electronic Lodgment for the mode of payment.

3. SMC will not accept any lodgment of documents by fax or post.

4. Documents which are submitted after the opening hours shall be treated as being lodged the next working day.

5. Please read and take note of the provisions of the prevailing SMC Adjudication Rules and Supplementary Rules for Electronic Lodgment.

SECTION A

INFORMATION ON PARTY APPLYING FOR DETERMINATION OF REMITTED ISSUES

Party Applying for Determination of Remitted Issues ("Applicant")	Claimant / Respondent
Adjudication Application/Adjudication Review Application Reference No.	[]
Date of Remitted Determination ("Remitted Determination")	[]

ANNEX D

Name of Adjudicator who issued the Remitted Determination ("Adjudicator")	[]
Date of Commencement under the Order of Court ("Remission Order")	[]

SECTION B

LIST OF ATTACHMENTS (Please provide two (2) sets of each attachment)

<input type="checkbox"/> Copy of the Remission Order
<input type="checkbox"/> Copy of the Remitted Determination
<input type="checkbox"/> Grounds and Scope of Remission (include in separate attachment if necessary) []

SECTION C

PAYMENT

Cheque/Cashier's Order* No. [] of amount SGD [] being:

Remission Application Fee

Remission Application Fee of SGD654 (inclusive of GST); and

Deposit for Remission Application

Deposit of SGD [] (10% of the claimed amount* in SOP/AA [] of [] or SGD33,600, whichever is the lower).

Pursuant to the prevailing Building and Construction Industry Security of Payment Regulations ("the Regulations"), SMC shall be entitled to collect additional deposits, where applicable, in the manner set out in the Regulations.

* "claimed amount" means the whole or part of any progress payment claimed by a claimant in a payment claim, and includes any interest payable under the prevailing Building and Construction Industry Security of Payment Act.

Sections D and E below are to be completed **only** if the information is different from the last provided information at conclusion of originating Adjudication Application.

SECTION D

INFORMATION ON CLAIMANT

Name of Claimant: (Entity Name/Name as in NRIC*)	[Click and start typing to add data]
ACRA Registration/Identification Number*:	[]
Service Address:	[] Postal Code: [] Tel No: [] Fax No: [] Email Address: []
Name/Designation of Authorised Representative:	[] Email Address: []
Contact Particulars of Legal Representatives (if applicable)	
Name:	[]
Law Firm:	[]
Service Address:	[]

ANNEX D

	Postal Code: [] Tel No: [] Fax No: [] Email Address: []
Reference Number:	[]

**SECTION E
INFORMATION ON RESPONDENT**

Name of Respondent: (Entity Name/Name as in NRIC*)	[]
ACRA Registration/Identification Number*:	[]
Service Address:	[] Postal Code: [] Tel No: [] Fax No: [] Email Address: []
Name/Designation of Authorised Representative:	[] Email Address: []
Contact Particulars of Legal Representatives (if applicable)	
Name:	[]
Law Firm:	[]
Service Address:	[] Postal Code: [] Tel No: [] Fax No: [] Email Address: []
Reference Number:	[]

The Applicant applies for the determination of issues which have been remitted pursuant to the prevailing Building and Construction Industry Security of Payment Act (“the Act”) and requests the Authorised Nominating Body to administer the remission of the Adjudication Determination / Adjudication Review Determination* pursuant to the Act. The Applicant agrees to abide by the prevailing SMC Adjudication Rules.

Name of Applicant/Authorised Representative:	[]
Authorised Signature & Organisation Stamp (if applicable):	[]
Date:	[] (dd/mm/yy)

OFFICIAL USE	
Lodgment Date and Time:	
Remarks (if any):	

* Delete as applicable