

**REQUEST FOR USE OF SIAC FACILITIES & SERVICES**

Is this request for an SIAC case (i.e. with an SIAC case number)?                      Yes / No

If so, please state

a. Case number           :       ARB \_\_\_\_\_

b. Parties                 :       \_\_\_\_\_

\_\_\_\_\_

**Section A (Complete this section A only if NOT an SIAC case)**

Claimants Information

1. Name                         :       \_\_\_\_\_

2. Nationality                 :       \_\_\_\_\_

3. Solicitor's firm             :       \_\_\_\_\_

4. Solicitor(s)' name         :       \_\_\_\_\_

5. Solicitor reference no.     :       \_\_\_\_\_

6. Address                     :       \_\_\_\_\_

7. Telephone no.             :       \_\_\_\_\_

8. Fax no.                     :       \_\_\_\_\_

Respondents Information

1. Name                         :       \_\_\_\_\_

2. Nationality                 :       \_\_\_\_\_

3. Solicitor's firm             :       \_\_\_\_\_

4. Solicitor(s)' name         :       \_\_\_\_\_

5. Solicitor reference no.     :       \_\_\_\_\_

6. Address                     :       \_\_\_\_\_

7. Telephone no.             :       \_\_\_\_\_

8. Fax no.                     :       \_\_\_\_\_

Tribunal Information (for 3 arbitrators - if space is insufficient, please attach a separate sheet of paper)

1. Name : \_\_\_\_\_
2. Resident of : \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Telephone no. : \_\_\_\_\_
5. Fax no. : \_\_\_\_\_

\* Note: To facilitate security clearance upon entry to the City Hall Building, kindly provide us with the names of counsel, parties, and witnesses who will be attending the hearing. Please send it to us by email to [casemanagement@siac.org.sg](mailto:casemanagement@siac.org.sg) or fax at least one week before the first day of scheduled hearing.

**Section B**

Dates on which hearing room is required\*: \_\_\_\_\_

Starting time of 1<sup>st</sup> day of hearing : \_\_\_\_\_

Number of persons [including counsel, representatives of all parties, witnesses and the arbitrator(s)] to be present at the hearing room at any one time: \_\_\_\_\_ persons.

**Section C**

1. Do you require transcripts for the hearing? Yes / No

If yes, we will forward your request to Merrill Legal Solutions and they will send you a quote.

2. Do you require interpretation services? Yes / No

If so, please state

a. Language(s) : \_\_\_\_\_

b. Dates where interpreter's services are required: \_\_\_\_\_

3. Do you require an overhead projector? Yes / No

4. Do you require a multi-media projector? Yes / No

5. Do you require a VHS / VCD / DVD player? Yes / No

6. Do you expect the hearing to commence before 10.00 am and/or end after 5.00 pm?  
Yes / No

7. Do you require assistance for arrangement of hotel accommodation for the arbitrator(s)  
and/or representative(s) of the parties? Yes / No

If so, please state

a. Exact dates of arrival & departure : \_\_\_\_\_

b. Hotel preference (if any) : \_\_\_\_\_

c. Budget: \_\_\_\_\_

8. a. Do you require refreshments during the breaks? Yes / No

b. If so, please let us know your preference:

**Coffee & Tea only / Coffee, Tea & Snacks / Full Day Menu** 2 Refreshment Breaks & 1 Lunch

9. Do you have any additional requests? If so, please state the services required.

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**Section D**

To: The Registrar, SIAC

We undertake to settle and pay SIAC all expenses incurred by the Centre in respect of the items set out in this Form including such additional services and facilities required for hearing dates to be fixed at a later stage.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature & Law Firm's Stamp

**\* Cancellation of confirmed hearing room bookings - 100% of the room rate**