# Adjudication Application

#### Under The Building and Construction Industry Security of Payment Act 2009 (SA)

The Institute of Arbitrators and Mediators Australia (IAMA), ABN 80 008 520 045, is a leading Authorised Nominating Authority (ANA) and registered training provider under the Act. Following the merger of IAMA with LEADR in January 2015, now known as Resolution Institute, the organisation of IAMA has been retained in order to ensure that where IAMA has been listed as a prescribed appointor, nominating authority or otherwise referred to for the purposes of appointing a dispute resolution professional, the applicable service can be provided. Resolution Institute has been appointed by the Board of IAMA to administer IAMA operations. In this capacity Resolution Institute has been administering IAMA appointments under the Building and Construction Industry Security of Payment Act 2009 (SA) since January 2015.

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| **Claimant Name:** |  |
| Contact: |  |
| ABN/ACN: |  |
| Ordinary Place of Business Address (Not a PO BOX) |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Business Type:  (eg. Plumbing, Engineering, Building): |  |
| Role in Project:  (eg. Subcontractor, Architect) |  |
|  |  |
| **Respondent Name**: |  |
| Contact: |  |
| ABN/ACN: |  |
| Ordinary Place of Business Address (Not a PO BOX): |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Business Type:  (eg. Plumbing, Engineering, Building) |  |
| Role in Project:  (eg. Subcontractor, Architect) |  |
|  |  |
|  |  |
| Project Details: |  |
| Address of Project: |  |
| Type of Project (work undertaken): |  |
| Contract Number (If Applicable): |  |
| Total Amount of Payment Claim: |  |
| Date Payment Claim Served: |  |
| Date 17(2) Notice served (If applicable): |  |
| Date Payment Schedule received (If applicable): |  |
| Amount that Respondent Proposes to Pay (If Payment Schedule is received): |  |
|  |  |

# Claimant Checklist:

* The Construction Work (or related goods and services) that are the subject of your payment claim must:
* Have been completed in the last 6 months
* Have been completed in SA
* Be construction work or related goods and services as stated in section 5 and 6 of the Act

Please note that a copy of the construction contract is to be included in your application. If this was verbal, please include details of all relevant information.

* The Payment Claim must:
* Be in writing and be addressed to the Respondent
* Be made at the time stated in your contract, or if there is no time stated, on the last day of the month.
* State the total amount that you claim is due
* State and identify the construction work (or related goods and services) that are being claimed
* State the words *“This is a payment claim under the Building and Construction Industry Security of Payment Act 2009 SA”* – or words to the same effect.

Please note that if the Payment Claim deals with work completed that is payable at different times, it is necessary to either lodge separate applications or to consolidate them under one payment claim that incorporates all the other payment claims (invoices).

* The Payment Schedule (if applicable) must:
* Have been made within 15 business days of the payment claim or within 5 business days of a 17(2) notice
* Identify the payment claim to which it relates
* Provide reasons for withholding payment is the proposed amount to be paid is less than the claimed amount.
* The 17(2) Notice (if applicable) must:
* Have been sent within 20 business days from the due date for payment, if no payment schedule was received within 15 business days of the payment claim.

Please ensure that you attach all other relevant documents to your application that relate to your claim.

Please ensure that you forward a complete copy of the Adjudication Application to the Respondent. Please state the date and method of service used to forward this document:

Date:

Service method (eg) fax, post:

The Claimant hereby applies for Adjudication under *The Building and Construction Industry Security of Payment Act 2009 SA.*

Claimant Signature:

Claimant Name:

Date: