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# Dispute Resolution Service

## Application to Nominate an Adjudicator as an Authorised Nominating Authority

Made under Sections 33 & 63 of the *Construction Contracts Act 2002* (New Zealand).

| Please complete all details of this application where applicable                                                                                                                                                                                                                                                                                                               |                    |                       |                          |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|--------------------------|-----------------------------------------------------------------------------------|
| Applicable Application Fee<br>(Amount in dispute inc. GST)                                                                                                                                                                                                                                                                                                                     | Value (\$) inc GST |                       | Fixed Fee Adjudication*  |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                | FF1                | To \$6,500            | <input type="checkbox"/> | \$1,600.00 inc. GST                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                | FF2                | \$6,501 - \$15,000    | <input type="checkbox"/> | \$2,500.00 inc. GST                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                | FF3                | \$15,001 – \$25,000   | <input type="checkbox"/> | \$3,700.00 inc. GST                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                |                    |                       |                          | Suggested Security deposit to be paid to Adjudicator for Hourly Rate Adjudication |
|                                                                                                                                                                                                                                                                                                                                                                                | 1                  | \$25,001 - \$40,000   | <input type="checkbox"/> | \$5,000.00 inc. GST                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                | 2                  | \$40,001 - \$100,000  | <input type="checkbox"/> | \$10,000.00 inc. GST                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                | 3                  | \$100,001- \$500,000  | <input type="checkbox"/> | \$15,000.00 inc. GST                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                | 4                  | \$500,001 - \$850,000 | <input type="checkbox"/> | \$25,000.00 inc. GST                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                | 5                  | Over \$850,000        | <input type="checkbox"/> | \$35,000.00 inc. GST                                                              |
| <p><b>*Please note Fixed Fee applies to simple issue only and does not apply for applications with a counter claim. RICS reserves the right to decide whether an application qualifies for fixed fee adjudication in accordance with the conditions set out in RICS Adjudication Fee Schemes at <a href="http://www.rics.org/drsocceania">www.rics.org/drsocceania</a></b></p> |                    |                       |                          |                                                                                   |
| <b>Claimant Details</b>                                                                                                                                                                                                                                                                                                                                                        |                    |                       |                          |                                                                                   |
| Name of Claimant (business and trading name if applicable)                                                                                                                                                                                                                                                                                                                     |                    |                       |                          |                                                                                   |
| Contact person                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                          |                                                                                   |
| Address for service of notices, and documents in relation to Adjudication                                                                                                                                                                                                                                                                                                      |                    |                       |                          |                                                                                   |
| Postal Address – if different                                                                                                                                                                                                                                                                                                                                                  |                    |                       |                          |                                                                                   |
| Address for service of documents (if different)                                                                                                                                                                                                                                                                                                                                |                    |                       |                          |                                                                                   |
| Phone Number / Fax Number                                                                                                                                                                                                                                                                                                                                                      |                    | P: / F:               |                          |                                                                                   |
| Email Address                                                                                                                                                                                                                                                                                                                                                                  |                    |                       |                          |                                                                                   |



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|                                                                           |                                                          |                                                           |                                                   |
|---------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|
| Claimant Type (Please select one)                                         | Limited Liability Company <input type="checkbox"/>       | Private Individual(s) <input type="checkbox"/>            | Partnership <input type="checkbox"/>              |
|                                                                           | Sole Trader <input type="checkbox"/>                     | Trust <input type="checkbox"/>                            | Incorporated Association <input type="checkbox"/> |
| Claimant Business Type if applicable (please select one)                  | Trade Contractor/ Subcontractor <input type="checkbox"/> | General / Main / Head Contractor <input type="checkbox"/> | Project Manager <input type="checkbox"/>          |
|                                                                           | Consultant/ Designer <input type="checkbox"/>            | Supplier <input type="checkbox"/>                         | Homeowner <input type="checkbox"/>                |
|                                                                           | Property owner <input type="checkbox"/>                  | Property Developer <input type="checkbox"/>               | Other [Describe] _____ <input type="checkbox"/>   |
| Claimant Trade or Profession                                              |                                                          |                                                           |                                                   |
| <b>Respondent Details</b>                                                 |                                                          |                                                           |                                                   |
| Name of Respondent (business & trading name if applicable)                |                                                          |                                                           |                                                   |
| Contact Person                                                            |                                                          |                                                           |                                                   |
| Address for service of notices, and documents in relation to Adjudication |                                                          |                                                           |                                                   |
| Postal Address – if different                                             |                                                          |                                                           |                                                   |
| Address for service of documents (if different)                           |                                                          |                                                           |                                                   |
| Phone Number / Fax Number                                                 | <b>P:</b>                                                | <b>/ F:</b>                                               |                                                   |
| Email Address                                                             |                                                          |                                                           |                                                   |
| Respondent Type (Please select one)                                       | Limited Liability Company <input type="checkbox"/>       | Private Individual(s) <input type="checkbox"/>            | Partnership <input type="checkbox"/>              |
|                                                                           | Sole Trader <input type="checkbox"/>                     | Trust <input type="checkbox"/>                            | Incorporated Association <input type="checkbox"/> |
| Respondent Business Type (please select one)                              | Trade Contractor/ Subcontractor <input type="checkbox"/> | General / Main / Head Contractor <input type="checkbox"/> | Project Manager <input type="checkbox"/>          |
|                                                                           | Consultant/ Designer <input type="checkbox"/>            | Supplier <input type="checkbox"/>                         | Homeowner <input type="checkbox"/>                |
|                                                                           | Property owner <input type="checkbox"/>                  | Property Developer <input type="checkbox"/>               | Other [Describe] _____ <input type="checkbox"/>   |
| Respondent Trade or Profession (i.e. building, tiling, development etc)   |                                                          |                                                           |                                                   |





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|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Other relevant details</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                           |                             |
| <b>Charging Order</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |                             |
| Does the claimant seek the adjudicator's approval under section 29 of the Act for the issue of a charging order in respect of a construction site owned by the respondent?                                                                                            | Yes <input type="checkbox"/>                                                                                                                                                                              | No <input type="checkbox"/> |
| Does the claimant seek a determination under section 30(a) of the Act of the owner's liability to make payment to the claimant and approval under section 30(b) of the Act for the issue of a charging order in respect of the construction site owned by that owner? | Yes <input type="checkbox"/>                                                                                                                                                                              | No <input type="checkbox"/> |
| <b>Adjudicator</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |                             |
| Preferred expertise / knowledge of the person to be appointed as adjudicator                                                                                                                                                                                          |                                                                                                                                                                                                           |                             |
| Are the parties in Agreement as to the preferred expertise?                                                                                                                                                                                                           | Yes <input type="checkbox"/>                                                                                                                                                                              | No <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                       | The parties' agreement to the Adjudicator's expertise is;<br><b>Attached</b> <input type="checkbox"/> <b>Copy to be emailed</b> <input type="checkbox"/> <b>Copy to be faxed</b> <input type="checkbox"/> |                             |
| <b>Information</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |                             |
| Does the claimant consent to email as the preferred communication format? (refer clauses 9 & 10 of the Construction Contracts Regulations 2003).                                                                                                                      | Yes <input type="checkbox"/>                                                                                                                                                                              | No <input type="checkbox"/> |



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## Terms & Conditions of Application

Please refer to the terms and conditions of application set out in RICS Adjudication Fee Schemes at [www.rics.org/drsoceania](http://www.rics.org/drsoceania)

By signing this application, the applicant submits that all information entered above is correct and you accept the RICS DRS terms and conditions.

Signed (claimant): .....

Date: .....

## Submission of Application

e: [drsnzu@rics.org](mailto:drsnzu@rics.org) t: +64 0800651 562

Address: RICS, Generator, level 1, Stanbeth House 28 Customs St East, Auckland 1010

## Payment details

Please complete the following details and indicate if this is for a fixed fee application.

**Fixed Fee**

Payment Method (tick appropriate)

Cheque (payable to RICS AUSTRALASIA PTY LTD, RICS New Zealand, Stanbeth House 28 Customs St East, Auckland 1010)

EFT (Bank Details - Account No: 30-2904-0285511-61)<sup>i</sup>

Credit Card

Mastercard

Visa

Card Details

Cardholder

Card number

Expiry date /

Amount \$ **(Please remember to include GST)**

Signature

<sup>1</sup> When paying for adjudication via EFT please also attach the bank transmittal of this transaction.

For identification purposes please enter payment details in format "ADJ [claimant name] v [respondent name]" with names abbreviated as required.