To be inserted by Court

| Case Number: | | | | |
|---|-------------------------------------|-----------------------------------|--|---------------------------------|
| Date Filed: | | | | |
| FDN: | | | | |
| | | | | |
| Hearing Date and Time: | | | | |
| Hearing Location: | | | | |
| | | | | |
| | ORIGINAT | TING APPLICA | TION | |
| SUPREME COURT OF SOU'CIVIL JURISDICTION [NAME OF LIST] LIST If applical | | | | |
| Please specify the Full Name including capar number if more than one party of the same ty | | rustee) and Litigation Guardian | Name (if applicable) for each party. Eac | ch party should include a party |
| First Applicant | | | | |
| First Respondent | | | | |
| First Interested Party | | | | |
| Applicant | | | | |
| Name of law firm / solicitor | Full Name (including Also Known | as, capacity (eg Administrator, L | iquidator, Trustee) and Litigation Guard | dian Name (if applicable)) |
| IName of law firm / Solicitor If any | | | | |
| Address for service | Law Firm | | Solicitor | |
| | Street Address (including unit or I | evel number and name of proper | rty if required) | T |
| | | | | |
| | City/town/suburb | State | Postcode | Country |
| Bi B (ii | Email address | | | |
| Phone Details | | | | |
| Duplicate panel if multiple Applicants | Type - Number | | | |

| Respondent | | | | | |
|---------------|--|-------|----------|---------|--|
| | | | | | |
| | Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)) | | | | |
| Address | | | | | |
| | Street Address (including unit or level number and name of property if required) | | | | |
| | | | | | |
| | City/town/suburb | State | Postcode | Country | |
| | | | | | |
| | Email address | | | | |
| Phone Details | | | | | |
| | | | | | |
| | Type - Number | | | | |
| Service | [] Sheriff service requested for this Respondent | | | | |
| | If requested mark with an 'x' | | | | |

Duplicate panel if multiple Respondents

| Interested Party | | | | | | |
|------------------|---------------------------|--|----------|---------|--|--|
| | Full Name (including Also | Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)) | | | | |
| Address | | | | | | |
| | Street Address (including | Street Address (including unit or level number and name of property if required) | | | | |
| | | | | | | |
| | City/town/suburb | State | Postcode | Country | | |
| | | | | | | |
| | Email address | | | | | |
| Phone Details | | | | | | |
| | Type - Number | | | | | |
| Service | [] Sheriff ser | [] Sheriff service requested for this Interested Party | | | | |
| | If requested mark with an | 'x' | | | | |

Duplicate panel if multiple Interested Parties

Application Details

Mark appropriate sections below with an 'x'

Matter Type:

This Application is by a party to an arbitration agreement for an order to set aside an award [identify the award].

This Application is made under:

- [.....] article 34(2)(a) of the Model Law under the International Arbitration Act 1974 (Cth).
- [.....] article 34(2)(b) of the Model Law under the International Arbitration Act 1974 (Cth).
- [.....] section 34(2)(a) of the Commercial Arbitration Act 2011.
- [.....] section 34(2)(b) of the Commercial Arbitration Act 2011.

The Applicant seeks the following orders:

- 1. an order setting aside the award.
- 2. [any other orders sought]

This Application is made on the grounds set out in the accompanying affidavit sworn by [name] on [date].

- exhibit a copy of the arbitration agreement and award including the reasons of the arbitral tribunal for the award; and identify the detailed grounds for seeking the order; the material facts relied on for making the order; and the date on which the applicant received the award or (if applicable) if a request was made under section 33 of the Commercial Arbitration Act 2011 to the arbitral tribunal to correct the award, the date on which that request was disposed of by the tribunal.

To the other parties: WARNING

This Application will be considered at the hearing at the date and time set out at the top of this document.

If you wish to oppose the Application or make submissions about it:

- · you must attend the hearing and
- you must file and serve on all parties a Response within 14 days after service of the Application and
- if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must file and serve on all parties an Affidavit within 14 days after service** of the Application.

If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding (including as to costs) without further warning.

For instructions on how to file a response to an application and how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482.

Service

The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.

| Accompanying Documents Mark appropriate sections below with an 'x' |
|--|
| Accompanying service of this Application is a: |
| [] Multilingual Notice (mandatory) [] Supporting Affidavit (mandatory) (must be filed and served) [] Notice to Respondent Served Interstate (mandatory if address of the respondent or interested party to be served is interstate) [] Notice to Respondent Served in New Zealand (mandatory if address of the party to be served is in New Zealand) [] Notice to Respondent Served outside Australia (mandatory if address of the party to be served is outside Australia but not in New Zealand) |
| [] If other additional document(s) please list them below: |

Note to Parties

There are usually cost penalties for making an unsuccessful application or resisting a successful application.