

Medical Device Regulatory Decision of Appeal Appointment of an Adjudicator



CI Arb
evolving to resolve

In the matter of a dispute between the following:

Claimant/First Party*:

Of/Represented by*:

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

And

Respondent/Second Party*:

Of/Represented by*:

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

*Delete as applicable or add, if necessary, names of other parties

Details of the dispute:

Amount in dispute:

Preferred location for the meeting (if any):

Preference for the Adjudicator’s background and skills:

Party One:

Knowledge/Profession

Party Two:

Knowledge/Profession

Specialist experience (if any)

Specialist experience (if any)

Your application is accepted on the basis that the information you provide is both accurate and complete. Neither CI Arb nor the appointed neutrals can accept liability in relation to the appointment, if the information provided is inaccurate or incomplete. Please complete either part A or B of this page

Part A – Unilateral application for the appointment of an Adjudicator

- An agreement between the parties dated _____ includes the provision that in the event of a dispute, either party may apply to the President or Deputy President of the Chartered Institute of Arbitrators to appoint an adjudicator in the matter.
- Particulars of the said agreement and the said dispute are given in the "Notice of Adjudication", which is attached and clearly marked.
- Any condition precedent to the right of either party to make a unilateral application for the nomination of an adjudicator has been satisfied and particulars of this, if any, are attached.

It is agreed as a condition of such an appointment that the Applicant shall:

- Pay the reasonable fees and expenses of the adjudicator; whether or not any decision is made; and
- Provide adequate security for such payment if the adjudicator so requests; and
- Make such payment within seven days of the date of communication of the decision to the parties; and
- Inform the adjudicator in the event of the settlement of the dispute before any decision is made and state which party is to pay any fees and expenses due to the adjudicator.

Signature: _____

Date:

Insert image of signature here

*(as, or for and on behalf of, Claimant)

Print name:

Part B – Joint Application for the appointment of an Adjudicator

The parties hereby apply to the President or Deputy President of the Chartered Institute of Arbitrators for their dispute (particulars of which are attached), to be referred to adjudication by an adjudicator nominated for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators/ or by the Chartered Institute of Arbitrators.*

*delete as applicable
Items 4 – 7 as above also apply.

Signature: _____

Insert image of signature here

*(as, or for and on behalf of, Claimant)

Date:

Print name:

Signature: _____

Insert image of signature here

*(as, or for and on behalf of, Respondent)

Date:

Print name:

Fee Payment (£750.00 + VAT) | methods of payment

All payments should be made in pounds sterling, please ensure that a party name is provided as a reference.

Please tick your preferred payment option*:

Credit/Debit Card

Please telephone our Finance Department on [020 7421 7429](tel:02074217429) and have your card to hand. We accept MasterCard, Visa or American Express.

Bank Transfer

If you wish to pay by bank transfer, please ensure that a party name is provided as a reference.

CI Arb bank details:

Bank: HSBC Bank, 31 Holborn, London, EC1N 2HR England

Sort code: 40 05 03

Account number: 31288784

International Bank Account number (IBAN): GB75HBUK40050331288784

Branch Identifier Code: HBUKGB4B

Cheque/Bank Draft

Please make your cheque payable to 'The Chartered Institute of Arbitrators'.

Send it by post to our Dispute Appointment Service (DAS) Department at:

CI Arb
12 Bloomsbury Square
London
WC1A 2LP

***Please do not send cash to CI Arb by post.**

Checklist

Please check to ensure the following have been carried out before the form is sent to CI Arb:

All sections of the form have been completed.

The correct fee is enclosed (£750 + VAT).

You have provided the relevant supporting documentation.

You have signed and dated the form.

Please return the completed form with all the supporting documentation by email or post to:

DAS, CI Arb, 12 Bloomsbury Square, London, WC1 2LP, UK

E: das@ciarb.org

T: +44 (0)20 7421 7455