

Request for Appointment of a Mediator

In the matter of a dispute between the following:

Claimant/First Party*

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

Represented by*

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

Respondent/Second Party*

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

Represented by*

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

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

Please provide details regarding the issues concerned:

Amount in dispute

Preferred location for
the meeting (if any)

Preference for the Mediator's background and skills

Party One:

Knowledge/Profession

Professional specialist expertise (if any)

Experience required as Mediator (if any)

Party Two:

Knowledge/Profession

Professional specialist expertise (if any)

Experience required as Mediator (if any)

Your application is accepted on the basis that the information you provide is both accurate and complete. The liability of CI Arb and the appointed mediator in relation to the appointment may be restricted if the information provided is inaccurate or incomplete.

Please complete either part A or B below:

Part A – Unilateral application for the appointment of a Mediator

- An agreement between the parties dated _____ allows for or 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 a mediator in the matter;
- A copy of said provision of the agreement, and particulars of the dispute, are attached and clearly marked.
- Any condition precedent to the right of either party to make a unilateral application for the appointment of a mediator has been satisfied and particulars of this, if any, are attached.

It is agreed as a condition of such an appointment:

- To pay the reasonable fees and expenses of the mediator, whether or not any agreement is reached during mediation;
- To provide adequate security for such payment if the mediator so requests;
- To make such payment within seven days of receipt of notice that such payment is due;
- To inform the mediator in the event of the settlement of the dispute before any mediation takes place; and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having appointed or nominated the mediator, for anything done or omitted to be done by the mediator in the discharge or purported discharge of his/her functions.

Name:

Date:

Signature:

Capacity:

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

Part B – Joint Application for the appointment of a Mediator

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 mediation by a mediator appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators.

Items 4 – 8 of Part A also apply as a condition to an appointment under Part B.

Name:

Date:

Signature:

Capacity:

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

Name:

Date:

Signature:

Capacity:

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

Fee payment (£600 – VAT inclusive) | 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** 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 (£600 – VAT inclusive).

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