



**CI Arb**  
evolving to resolve

# Request for Decision on a Challenge to an Arbitrator

Request for decision on a challenge to (please tick as appropriate):

Sole Arbitrator

Emergency Arbitrator

One Arbitrator on a Panel of Three

Name of Challenged Arbitrator:

Name of Challenging Party

DAS Case Reference (if applicable)

Please refer to the Guidance Notes which accompany this form at Appendix I.

Please complete Sections A – D below. Sections A and B do not need to be completed if the case has already been assigned a case reference number by DAS.

## Section A – 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.

**Section B – Brief details of the dispute:**

## Section C – Brief details of reason(s) for the challenge, and grounds relied on:

Date when challenging party/  
parties became aware of reason(s)  
for challenge

Please ensure that you have attached the following:

- Notice of Challenge and any ensuing correspondence between the parties and the Arbitrator relating to the challenge
- Notice of Arbitration
- Response to the Notice of Arbitration
- Arbitration appointment correspondence
- Any other relevant documentation relating to the challenge

## Section D

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

Name:

Date:

Signature:

Capacity:

## 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](mailto:das@ciarb.org)

**T:** +44 (0)20 7421 7455