



REQUEST FOR THREE NAMES FOR MEDIATION

In the matter of a dispute between the following:

Claimant/First Party*	
Address	
Telephone	
Email	
Fax	

Represented by*	
Address	
Telephone	
Email	
Fax	

and

Respondent/Second Party*	
Address	
Telephone	
Email	
Fax	

Represented by*	
Address	
Telephone	
Email	
Fax	

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

Details of the dispute:

Please provide brief details regarding the issues concerned	
Amount in dispute	

Preferred location for the meeting	
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Preference for the Mediator's Background and Skills

Party One:

Party Two:

Knowledge/Profession	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. 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

The parties hereby request / the Applicant hereby requests* the Chartered Institute of Arbitrators (CI Arb) to suggest the names of three mediators, for prospective appointment as a mediator in a dispute which has arisen between the parties.

*Delete as applicable

I/we agree, as a condition of CI Arb's fulfilment of this mandate:

1. Pay the reasonable fees and expenses of the mediator;
2. Inform the mediator in the event of the settlement of the dispute before the mediation has concluded; and
3. That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having suggested the mediator, for anything done or omitted to be done by the mediator in the discharge or purported discharge of his/her functions.

Signed		Signed	
Name		Name	
Capacity		Capacity	
Date		Date	
(as, or for and on behalf of, Claimant)		(as, or for and on behalf of, Respondent)	

FEE

I enclose a cheque for £120 (inclusive of VAT) payable to 'The Chartered Institute of Arbitrators'

or:

If payment by bank transfer or by Credit/Debit Card is preferred please contact us on +44 (0) 20 7421 7444

Please return the completed form by email, fax or post to:

**Dispute Appointment Service
Chartered Institute of Arbitrators
12 Bloomsbury Square
London, WC1A 2LP**

**T +44 (0) 20 7421 7444
F +44 (0) 20 7900 2899
E das@ciarb.org**