



POSTPONEMENT FORM

Please complete all sections in BLOCK CAPITALS and return your completed form to:

CI Arb Education Team, Chartered Institute of Arbitrators, International Arbitration and Mediation Centre,
12 Bloomsbury Square, London, WC1A 2LP, UK

• T + 44 (0)20 7421 7439 • F +44 (0)20 7404 4023 • E education@ciarb.org

PERSONAL DETAILS

Surname:	First Name:
Suffix:	Title:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	
Postcode:	Country:
Delivery Address if different from main address (for course materials and results):	
Tel:	Email:

COURSE POSTPONEMENT

Please tick the appropriate box(s) to indicate which course you are applying to postpone.

<u>Mediation</u>	<u>Arbitration</u>	<u>International Arbitration</u>	<u>Adjudication</u>
<input type="checkbox"/> Introduction Module - Mediation	<input type="checkbox"/> Introduction Module - Arbitration	<input type="checkbox"/> Introduction Module - International Arbitration	<input type="checkbox"/> Introduction Module - Adjudication
<input type="checkbox"/> Introduction Module - Commercial Dispute Resolution	<input type="checkbox"/> Introduction Module - Commercial Dispute Resolution	<input type="checkbox"/> Introduction Module - Commercial Dispute Resolution	<input type="checkbox"/> Introduction Module - Commercial Dispute Resolution
<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 1
<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 2
<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4	<input type="checkbox"/> Module 3
<input type="checkbox"/> Module 4	<input type="checkbox"/> Module 4	<input type="checkbox"/> Practice and Procedure Exam	<input type="checkbox"/> Accelerated Route to Fellowship
<input type="checkbox"/> Workplace Mediation Training and Assessment	<input type="checkbox"/> Accelerated Route to Membership	<input type="checkbox"/> Diploma in International Commercial Arbitration	
	<input type="checkbox"/> Accelerated Route to Fellowship		

Date of Course:

Date of Next Available Course:

ASSESSMENT POSTPONEMENT

Please tick the appropriate box to indicate which assessment / module you wish to postpone.

[E] = Examination

[A] = Assignment

<u>Mediation</u>	<u>Arbitration</u>	<u>International Arbitration</u>	<u>Adjudication</u>

<input type="checkbox"/> Introduction Module - Mediation	<input type="checkbox"/> Module 1 – [E] Contract	<input type="checkbox"/> Module 1 – [E] Contract	<input type="checkbox"/> Module 1 – [E] Contract
<input type="checkbox"/> Introduction Module - Commercial Dispute Resolution	<input type="checkbox"/> Module 1 – [E] Tort	<input type="checkbox"/> Module 1 – [E] Tort	<input type="checkbox"/> Module 1 – [E] Tort
	<input type="checkbox"/> Module 1 – [A] Contract	<input type="checkbox"/> Module 1 – [A] Contract	<input type="checkbox"/> Module 1 – [A] Contract
	<input type="checkbox"/> Module 1 – [A] Tort	<input type="checkbox"/> Module 1 – [A] Tort	<input type="checkbox"/> Module 1 – [A] Tort
	<input type="checkbox"/> Module 1 – [A] Evidence	<input type="checkbox"/> Module 1 – [A] Evidence	<input type="checkbox"/> Module 1 – [A] Evidence
<input type="checkbox"/> Module 2 – Assessment	<input type="checkbox"/> Module 2 – [E]	<input type="checkbox"/> Module 2 – [E]	<input type="checkbox"/> Module 2 – [E]
	<input type="checkbox"/> Module 2 – [A]	<input type="checkbox"/> Module 2 – [A]	<input type="checkbox"/> Module 2 – [A]
<input type="checkbox"/> Module 3 – [E] Contract	<input type="checkbox"/> Module 3 – [E]	<input type="checkbox"/> Module 3 – [E]	<input type="checkbox"/> Module 3 – [E]
<input type="checkbox"/> Module 3 – [E] Tort	<input type="checkbox"/> Module 3 – [A] 1	<input type="checkbox"/> Module 3 – [A] 1	<input type="checkbox"/> Module 3 – [A] 1
<input type="checkbox"/> Module 3 – [A] Contract	<input type="checkbox"/> Module 3 – [A] 2	<input type="checkbox"/> Module 3 – [A] 2	<input type="checkbox"/> Module 3 – [A] 2
<input type="checkbox"/> Module 3 – [A] Tort	<input type="checkbox"/> Module 3 – Workshop	<input type="checkbox"/> Module 3 – Workshop	<input type="checkbox"/> Module 3 – Workshop
<input type="checkbox"/> Module 3 – [A] Evidence			
<input type="checkbox"/> Module 4 – [A]	<input type="checkbox"/> Module 4 – [E]	<input type="checkbox"/> Module 4 – [E]	<input type="checkbox"/> Accelerated Route to Fellowship
	<input type="checkbox"/> Module 4 – [A]	<input type="checkbox"/> Module 4 – [A]	
	<input type="checkbox"/> Accelerated Route to Membership	<input type="checkbox"/> Diploma – [E] Practice and Procedure	
	<input type="checkbox"/> Accelerated Route to Fellowship		

Date of Assessment:

Date of Next Available Assessment:

EXAMINATION CENTRE

Candidates will be automatically registered to sit examinations at CIArb, Bloomsbury Square, London. It is possible to arrange for examinations to be sat elsewhere, for example, at a CIArb Branch or a special examination centre. Candidates must specify below where they would prefer to sit their examinations. Candidates who wish to sit an examination at a CIArb Branch or a special examination centre must alert the Institute at least 4 weeks prior to the examination. Candidates will be required to pay any additional local charges for invigilation and facilities. CIArb will arrange special examination centres with the equivalent standard of invigilation and facilities that exist at the CIArb Bloomsbury Square, London. If the course you are undertaking does not require you to complete an examination, please do not complete this section of the form.

CIArb Bloomsbury Square

London

CIArb Branch

Please state (Branch):

Special Centre

Please state (city and country):

FEES

Please read the 'Assessment Fee Sheet'.

The correct fee must be submitted with the postponement form in order for the registration to be processed.

Debit / Credit Card

Please debit my:

Visa

Mastercard

Maestro / Switch

Amount:

Issue Number:

Valid From:

Expiry Date:

Name on Card:

Card Number:

Security Number:

Signature:

Cheque / Bank Draft

Please find enclosed a cheque / bank draft made payable to 'CIArb' for the amount: _____

Bank Transfer

If payment is made by bank transfer, this should be made payable to the CI Arb, HSBC Bank, 31 Holborn, London, EC1N 2HR, United Kingdom. Sort Code: 40 05 03, Account Number: 31288784, International Bank Account Number (IBAN): GB38MIDL40050331288784, Branch Identifier Code (BIC): MIDLGB2115N.

When making payment, please use the candidate's surname and date of course as the reference code for identification purposes.

APPLICANT'S SIGNATURE

I certify that the information provided is accurate to the best of my knowledge. I have read and accept the Assessment Fee Sheet and Course Information Sheet.

Signature:

Date:

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.
 - You have read the Assessment Fee Sheet and Course Information Sheet.
 - You have provided the relevant supporting documentation and information with regard to the examination centre (if applicable).
 - The correct fee is enclosed.
 - You have signed and dated the form.
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