

Training Registration Form

Thank you for applying to do a Chartered Institute of Arbitrators (CIARB) course. Please complete all sections **IN BLOCK CAPITALS** and return your completed form to: Unit 3, 2nd Floor, Bangunan Sulaiman, Jalan Sultan Hishamuddin, 50000 Kuala Lumpur or email the completed form to ciarbmb@gmail.com.

If you have any question on how to complete this form or have any queries about our courses, please contact us.

Email: ciarbmb@gmail.com

Tel: +6 03 2271 1055

Part A: Personal Details (Block Capitals)

CIARB member number (if already member):

Title:

Mr

Mrs

Miss

Ms

Other

(please specify):

Surname:

First Name:

Gender:

Female

Male

Date of Birth:

Nationality:

First Language:

Contact details: This will be your mailing & billing address.

Address:

Postcode/Zip:

Country of Residence:

Mobile Tel:

Email Address:

Name of Employer:

Job Title:

Employer Address:

Work Email:

Part B: Professional Profile

Primary Professional (please tick one box only)

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic/Lecturer | <input type="checkbox"/> Claims Professional | <input type="checkbox"/> Quantity Surveyor |
| <input type="checkbox"/> Accountant/Auditor | <input type="checkbox"/> Commercial Professional | <input type="checkbox"/> Structural Engineer |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Contracts Professional | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Doctor/Dentist | <input type="checkbox"/> Property Valuer/Auctioneer |
| <input type="checkbox"/> Advocate/Solicitor | <input type="checkbox"/> Engineer (other) | <input type="checkbox"/> Technical Professional |
| <input type="checkbox"/> Broker/Trader | <input type="checkbox"/> Arbitrator/Mediator/Adjudicator | <input type="checkbox"/> Student |
| <input type="checkbox"/> Building Surveyor | <input type="checkbox"/> Project Manager/Professional | <input type="checkbox"/> Others |
| <input type="checkbox"/> Civil Engineer | <input type="checkbox"/> Property Surveyor | |

Part C: Courses

Please tick the appropriate box to indicate which course you are registering for

- Introduction to International Arbitration
- Module 1 - Law, Practice and Procedure of International Arbitration
- Module 2 - Law of Obligations
- Module 3 - Award Writing in International Arbitration

Date of Course:

How did you find out about this course you are registering for?

Why are you registering for this course?

Part D: Course Fee

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

	Name of Course	Course Fee (CI Arb Members)	Course Fee (Non-Members)	Exam Fee (Payable to UK)
<input type="checkbox"/>	Introduction to International Arbitration	RM924.00	RM924.00	GBP72.00
<input type="checkbox"/>	Module 1 - Law, Practice and Procedure of International Arbitration	RM4,158.00	RM4,989.60	GBP174.00
<input type="checkbox"/>	Module 2 - Law of Obligations	RM4,158.00	RM4,989.60	GBP342.00
<input type="checkbox"/>	Module 3 - Award Writing in International Arbitration	RM4,158.00	RM4,989.60	GBP408.00

Cheque No _____ / Bank Draft No _____

Telegraphic/Online Transfer **(all bank charges shall be borne by the applicant)**

Payment should be made payable to : **International Group of Arbitrators Berhad**
Payable to Account No : **80 - 0882415 - 4**
Bank Name : **CIMB Bank Berhad**
Bank Address : **21, Lorong Ara Kiri I, Lucky Garden, 59100 Kuala Lumpur**
Swift Code : **CIBBMYKL**

When making payment, please state your name, name and date of the course as the reference code for identification purposes.

Part E: Data Protection

Data entered into CIARB's database is held subject to the provisions of the UK Data Protection Act 1998 and to the data protection principles set out in the Data Registrar's Guidelines. By filling in and submitting this application form you agree to CIARB processing your sensitive data for the purposes as set out in the CIARB Subject Information Statement.

Please note CIARB supplies candidates' details (name, address and email) on the list of candidates for each course. Please tick here if you do not wish your details to be published.

Do you consent to CIARB sending you information about relevant CIARB activities by email?

Yes

No

Do you consent CIARB sharing your contact information with carefully selected relevant third-parties?

Yes

No

Part F: Applicant's Signature

By signing this, I certify that I will abide by the CIARB Regulations in particular the rules on disciplinary matters and plagiarism. Any written work produced is my own and I have adhered to the Regulations.

I certify that the information provided is accurate to the best of my knowledge. I confirm that I qualify for entry as required on the Course Information sheet.

Applicant's signature: _____
Insert image of your signature or sign here

Applicant's name:

Date: