

Business Arbitration Scheme Appointment Form



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 a summary of the dispute, the issues to be determined, and the relief sought

Amount in dispute
(if appropriate)

Preference for the arbitrator's background and skills

Party One:

Knowledge/Profession

Party Two:

Knowledge/Profession

Professional specialist expertise (if any)

Professional specialist expertise (if any)

Experience required as Arbitrator (if any)

Experience required as Arbitrator (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 arbitrator 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 an Arbitrator

- An agreement between the parties dated _____ allows for or includes the provision that in the event of a dispute, the dispute shall be determined under the rules of 'The Business Arbitration Scheme' of the Chartered Institute of Arbitrators.
- A copy of the agreement is attached and clearly marked.
- Any condition precedent to the right of either party to make a unilateral application for the appointment of an arbitrator has been satisfied and particulars of this, if any, are attached.
- A copy of this application and all accompanying documents is being or has been sent by the Applicant to the Respondent by courier.

It is agreed as a condition of such an appointment:

- To pay the fixed fees due under the Scheme, whether or not the arbitration reaches a hearing or any award is made;
- To make such payment(s) within the timeframe prescribed under the Scheme, or any longer timeframe permitted by the arbitrator or the Chartered Institute of Arbitrators;
- To inform the arbitrator and the Chartered Institute of Arbitrators promptly in the event of settlement of the dispute; and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having appointed or nominated the arbitrator, for anything done or omitted to be done by the arbitrator in the discharge or purported discharge of his/her functions.

Signature: _____
Insert image of signature here
(as, or for and on behalf of, Claimant)

Date:

Capacity:

Print name:

Part B – Joint Application for the appointment of an Arbitrator

The parties hereby apply to the Chartered Institute of Arbitrators for their dispute (particulars of which are attached in the Statement of Case), to be referred to arbitration under the Business Arbitration Scheme, for determination by a sole arbitrator.

N.B. Items 5 – 8 of Part A also apply as a condition to an appointment under Part B.

Signature: _____
Insert image of signature here
(as, or for and on behalf of, Claimant)

Date:

Capacity:

Print name:

Signature: _____
Insert image of signature here
(as, or for and on behalf of, Respondent)

Date:

Capacity:

Print name:

Fee payment (£1,250 + VAT per party)

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:

Account name: The Chartered Institute of Arbitrators DAS Holding Account

Sort code: 40-05-03

Account Number: 73664678

IBAN: GB81 HBUK40050373664678

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 (£1,250 + VAT per party)

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, WC1A 2LP, UK

E: das@ciarb.org

T: +44 (0)20 7421 7455