



# Request for Appointment of an Arbitrator

Please fill in the form and send it with all the supporting documentation by email to [das@ciarb.org](mailto:das@ciarb.org).

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:

\*Fill in as applicable

Please provide details regarding the issues concerned:

Amount in dispute:

Preferred location for the meeting (if any):

**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)

Please note Ciarb's application fee is non-refundable. Your application is accepted on the basis that the information you provide is both accurate and complete. The liability of Ciarb and the appointed arbitrator in relation to the appointment may be restricted if the information provided is inaccurate or incomplete. Your application will be processed on the basis that the appointment may be made on behalf of the President/Deputy President of the Chartered Institute of Arbitrators by one of their duly appointed agents.

Please complete either part A or B below:

### **Part A - Unilateral application for the appointment of an Arbitrator**

- An agreement between the parties dated (dd/mm/yyyy) \_\_\_\_\_ allows for or includes the provision that in the event of a dispute, either party may apply to the President or Deputy President of the Chartered Institute of Arbitrators to appoint an arbitrator in the matter.
- A copy of said provision of the agreement, and particulars of the dispute, are 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.

It is agreed as a condition of such an appointment:

- That the appointment may be made on behalf of the President or Deputy President by one of their duly appointed agents;
- To pay the reasonable fees and expenses of the arbitrator, whether or not the arbitration reaches a hearing or any award is made;
- To provide adequate security for such payment if the arbitrator so requests;
- To make such payment within ten days of receipt of notice that the award is ready to be taken up or that such payment is otherwise due;
- To inform the arbitrator in the event of the settlement of the dispute before any award is made; 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 your signature here  
(as, or for and on behalf of, Claimant)

Date (dd/mm/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

### **Part B - Joint Application for the appointment of an Arbitrator**

The parties hereby apply to the President or Deputy President of the Chartered Institute of Arbitrators (or one of their duly appointed agents) for their dispute (particulars of which are attached), to be referred to arbitration for determination by an arbitrator appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators (or one of their duly appointed agents).

Items 4 - 9 of Part A also apply as a condition to an appointment under Part B.

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

Date (dd/mm/yyyy):

Name:

Capacity:

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

Date (dd/mm/yyyy):

Name:

Capacity:

### **Fee payment (£600 VAT inclusive) and 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.

Ciarb bank details:

**Account name:** 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

**\*Please do not send cash to Ciarb by post.**

### **Checklist**

All sections of the form have been completed.

You have provided the relevant supporting documentation (if necessary)

The correct fee is enclosed. Please note the application fee is non-refundable.

You have signed and dated the form.