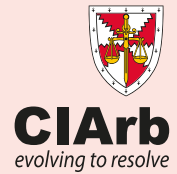


Application for the Selection of an Adjudicator



Please type in BLOCK CAPITALS in black ink.

I. The Parties to the Contract

Referring Party (name):

Full address:

Telephone:

Fax no.:

Email:

Referring Party's
Representative (name):

Full address:

Telephone:

Fax no.:

Email:

The above named party hereby applies to the Chartered Institute of Arbitrators (Scottish Branch) (hereinafter referred to as C.I.Arb (SB)), for the nomination of an Adjudicator for the purposes of a construction contract under the Housing Grants, Construction and Regeneration Act 1996 or otherwise in respect of the Parties' contract.

Please confirm that the C.I.Arb (SB) is the named Adjudicator Nominating Party in the contract. Please attach a copy of the relevant Adjudication Clause.

Other Party to the
Contract (name)*

Full address:

Telephone:

Fax no.:

Email:

Responding Party's
Representative (name):

Full address:

Telephone:

Fax no.:

Email:

*If there are more than two parties to the contract, please list on a separate sheet.

2. Notice of Intent to Seek Adjudication

The Referring Party must attach to this form a copy of the Notice of Adjudication.

3. Selection of Adjudicator

Using a paper apart, please supply any further details which may assist us in the selection of an Adjudicator.

4. Administration Fee

Please attach the administration fee of £250 plus VAT at the applicable rate on the date of application. Cheques should be made payable to the Chartered Institute of Arbitrators (Scottish Branch) or C.I.Arb (Scottish Branch).

5. Brief Description of the Dispute and Its Extent

The Referring Party must supply this information on a paper apart to assist selection.

6. Adjudication Rules Applicable

The Referring Party must attach a copy of any applicable Adjudication Rules.

7. Please Name any Adjudicator the Referring Party wishes not to be selected and provide reasons

Detailed reasons must be given and the Chairman will not accede to any such request unless in his sole view such reasons are sufficiently compelling.

Signed:

Date:

(on behalf of the Referring Party)

Please send completed form to:

Alyson Shaw
Shepherd & Wedderburn LLP
1 Exchange Crescent, Conference
Square Edinburgh EH3 8UL.

E [ciarbs@
shepwedd.com](mailto:ciarbs@shepwedd.com) T 0131
473 5695
F 0131 228 1222