



Request for Three Names for Adjudication

Please fill in the form and send it with all the supporting documentation by email to 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 Adjudicator's background and skills

Party one

Knowledge/Profession

Party two:

Knowledge/Profession

Professional specialist expertise (if any)

Professional specialist expertise (if any)

Your application is accepted on the basis that the information you provide is both accurate and complete. The liability of Ciarb and the appointed adjudicator in relation to the appointment may be restricted if the information provided is inaccurate or incomplete. The parties hereby request* / the Applicant hereby requests* the Chartered Institute of Arbitrators (Ciarb) to suggest the names of three adjudicators, for prospective appointment as an adjudicator in a dispute which has arisen between the parties.

*Tick as applicable

I/we agree, as a condition of Ciarb's fulfilment of this mandate:

- To pay the reasonable fees and expenses of the adjudicator;
- To inform the adjudicator in the event of the settlement of the dispute before the adjudication has concluded; and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having suggested the adjudicator, for anything done or omitted to be done by the adjudicator 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:

Signature: _____

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

Date (dd/mm/yyyy):

Name:

Capacity:

Fee payment (£120 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.