



Think Ahead



THE ACCA MEDIATION SCHEME Administered by The Chartered Institute of Arbitrators

REQUEST FOR APPOINTMENT OF MEDIATOR FORM

In the matter of a dispute between the following:

First Party*	
Address	
Telephone	
Email	
Fax	

Represented by*	
Address	
Telephone	
Email	
Fax	

and

Second Party*	
Address	
Telephone	
Email	
Fax	

Represented by*	
Address	
Telephone	
Email	
Fax	

*Delete as applicable or add, if necessary, names of other parties or representatives

Details of the dispute:

Written Statement from Party One providing details regarding the issues concerned	
Amount in dispute	
Preferred location for the meeting	

Written Statement from Party Two providing details regarding the issues concerned	
Amount in dispute	
Preferred location for the meeting	

Preference for the Mediator's Background and Skills

Party One:	Party Two:
Knowledge/Profession	Knowledge/Profession
Professional specialist expertise (if any)	Professional specialist expertise (if any)
Experience required as mediator (if any)	Experience required as mediator (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 mediator in relation to the appointment may be restricted if the information provided is inaccurate or incomplete.

Please read and sign the following declaration.

The parties hereby apply to The Chartered Institute of Arbitrators for their dispute (particulars of which are attached), to be referred to mediation by a mediator appointed for that purpose by The Chartered Institute of Arbitrators.

It is agreed as a condition of such an appointment:

1. To pay the reasonable fees and expenses of the mediator, whether or not any agreement is reached during mediation;
2. To provide adequate security for such payment if the mediator so requests;
3. To make such payment within seven days of receipt of notice that such payment is due;

4. To inform the mediator in the event of the settlement of the dispute before any mediation takes place; and
5. That it is acknowledged that The Chartered Institute of Arbitrators is not liable, by reason of having appointed or nominated the mediator, for anything done or omitted to be done by the mediator in the discharge or purported discharge of his/her functions.

Signed		Signed	
Name		Name	
Capacity		Capacity	
Date		Date	
(as, or for and on behalf of, Party One)		(as, or for and on behalf of, Party Two)	

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Amount of Claim	Appointment fee
Up to £7,500	£150 + VAT
£7,501 to £20,000	£200 + VAT
Over £20,001	£250 + VAT

I enclose a cheque for applicable appointment fee payable to The Chartered Institute of Arbitrators

or:

If you would like to pay by bank transfer or by Credit/Debit Card please contact us on +44 (0) 20 7421 7444

Please return the completed form by email, fax or post to:

**Dispute Appointment Service
Chartered Institute of Arbitrators
12 Bloomsbury Square
London, WC1A 2LP**

**T +44 (0) 20 7421 7444
F +44 (0) 20 7900 2899**

E das@ciarb.org