

Cost Controlled Rules Arbitrator Appointment Form



Request for the appointment of a (please tick as appropriate):

Sole Arbitrator

Third and Presiding Arbitrator

First Arbitrator on Panel of Three

Substitute Arbitrator

Second Arbitrator on Panel of Three

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

Please provide details regarding the issues concerned:

Amount in dispute
(if appropriate)

Preference for the Arbitrator's background and skills

Knowledge/Profession

Professional specialist expertise (if any)

Experience required as arbitrators (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 Cost Controlled Arbitration Rules shall apply.
- A copy of said provision of the agreement, and particulars of the dispute, are attached (including the Notice of Arbitration and/or Response to the Notice of Arbitration).
- 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 has been sent by the Applicant to the other side.

It is further agreed as a condition of such an appointment:

- 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 the period directed by the arbitrator, or, where no deadline is given, within ten days of receipt of notice that such payment is 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.

Name:

Date:

Signature:

Capacity:

(as, or for and on behalf of, Claimant)

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 for the appointment of an arbitrator, in relation to a dispute that has arisen between them (particulars of which are attached in the Notice of Arbitration and/or Response to the Notice of Arbitration, if not already submitted to DAS), which dispute is to be resolved under the Cost Controlled Arbitration Rules.

N.B. Items 5 – 9 of Part A also apply as a condition to an appointment under Part B.

Name:

Date:

Signature:

Capacity:

(as, or for and on behalf of, Claimant)

Name:

Date:

Signature:

Capacity:

(as, or for and on behalf of, Respondent)

Fee Payment (£600 – VAT inclusive)

Debit/Credit Card

Please debit my: Visa/Visa Debit MasterCard American Express

Amount:

Issue Number:

Valid From (mm/yy):

Expiry Date (mm/yy):

Name on Card:

Card Number:

Security Number (last three or four digits of number in signature strip on back of card)

Signature:

Date:

Cheque/Bank Draft

Please find enclosed a cheque/bank draft made payable to 'CI Arb' for the amount of: £

Bank Transfer

I completed a bank transfer on (dd/mm/yy) for £ (Please attach a copy)

The bank transfer should be made payable to the CI Arb, 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.

When making payment, please use your surname and member number as the reference code for identification purposes. If this fee is being paid by an individual or company registered in the European Union – including the UK – please state:

Company name:

Business VAT number:

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 (£600 – VAT inclusive).

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, fax or post to:

DAS, CI Arb, 12 Bloomsbury Square, London, WC1 2LP, UK

T: +44 (0) 20 7421 7444 | F: +44 (0) (0)20 7900 2899 | E: das@ciarb.org