

# Medical Device Regulatory Decision of Appeal Appointment of an Adjudicator



**CI Arb**  
evolving to resolve

In the matter of a dispute between the following:

**Claimant/First Party\***

**Of/Represented by\***

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

**And**

**Respondent/Second Party\***

**Of/Represented by\***

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

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

Details of the dispute:

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

Specialist experience (if any)

Specialist experience (if any)

Your application is accepted on the basis that the information you provide is both accurate and complete. Neither CI Arb nor the appointed neutrals can accept liability in relation to the appointment, if the information provided is inaccurate or incomplete. Please complete either part A or B of this page

### Part A – Unilateral application for the appointment of an Adjudicator

- An agreement between the parties dated \_\_\_\_\_ 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 adjudicator in the matter.
- Particulars of the said agreement and the said dispute are given in the "Notice of Adjudication", which is attached and clearly marked.
- Any condition precedent to the right of either party to make a unilateral application for the nomination of an adjudicator has been satisfied and particulars of this, if any, are attached.

It is agreed as a condition of such an appointment that the Applicant shall:

- Pay the reasonable fees and expenses of the adjudicator, whether or not any decision is made; and
- Provide adequate security for such payment if the adjudicator so requests; and
- Make such payment within seven days of the date of communication of the decision to the parties; and
- Inform the adjudicator in the event of the settlement of the dispute before any decision is made and state which party is to pay any fees and expenses due to the adjudicator.

**Signature:**

**Date:**

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

## Part B – Joint Application for the appointment of an Adjudicator

The parties hereby apply to the President or Deputy President of the Chartered Institute of Arbitrators for their dispute (particulars of which are attached), to be referred to adjudication by an adjudicator nominated for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators/ or by the Chartered Institute of Arbitrators.\*

\*delete as applicable  
Items 4 – 7 as above also apply.

**Signature:**

**Date:**

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

**Signature:**

**Date:**

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

## Fee Payment (£750.00 + VAT)

### 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 'CIArb' 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 CIArb, 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 CIArb:

All sections of the form have been completed.

The correct fee is enclosed (£750.00 + VAT).

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, CIArb, 12 Bloomsbury Square, London, WC1 2LP, UK

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