

Business Arbitration Scheme Appointment Form



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 or representatives.

Please provide a summary of the dispute, the issues to be determined, and the relief sought

Amount in dispute
(if appropriate)

Preference for the Arbitrator's background and skills

Party One:

Knowledge/Profession

Professional specialist expertise (if any)

Experience required as Arbitrator (if any)

Party Two:

Knowledge/Profession

Professional specialist expertise (if any)

Experience required as Arbitrator (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 dispute shall be determined under the rules of 'The Business Arbitration Scheme' of the Chartered Institute of Arbitrators.
- A copy of the agreement is attached and clearly marked.
- 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 and all accompanying documents is being or has been sent by the Applicant to the Respondent by courier.

It is agreed as a condition of such an appointment:

- To pay the fixed fees due under the Scheme, whether or not the arbitration reaches a hearing or any award is made;
- To make such payment(s) within the timeframe prescribed under the Scheme, or any longer timeframe permitted by the arbitrator or the Chartered Institute of Arbitrators;
- To inform the arbitrator and the Chartered Institute of Arbitrators promptly in the event of settlement of the dispute; 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 Chartered Institute of Arbitrators for their dispute (particulars of which are attached in the Statement of Case), to be referred to arbitration under the Business Arbitration Scheme, for determination by a sole arbitrator.

N.B. Items 5 – 8 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 (£1,250 + VAT per party)

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 (£1,250 + VAT per party)

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