

# Request for Appointment of an Adjudicator

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 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

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. 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 Adjudicator

- A dispute has arisen between the parties in relation to an agreement dated
- The agreement allows for or 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; and a copy of that provision of the agreement is attached /The applicant is entitled to select the Chartered Institute of Arbitrators as the Adjudicator Nominating
- Body pursuant to Section 108 of the Housing Grants, Construction and Regeneration Act 1996 or Part I of The Scheme for Construction Contracts (England and Wales) Regulations 1998 (or alternative substitute legislation) [delete as applicable].
- 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:

- To pay the reasonable fees and expenses of the adjudicator, whether or not any decision is made;
- To provide adequate security for such payment if the adjudicator so requests;
- To make such payment within seven days of the date of communication of the decision to the parties;
- To 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; and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having appointed or nominated the adjudicator, for anything done or omitted to be done by the adjudicator in the discharge or purported discharge of his/her functions.

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.

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 (£360 – 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 (£360 – 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](mailto:das@ciarb.org)