

Request for Decision on a Challenge to an Arbitrator

Request for decision on a challenge to (please tick as appropriate):

Sole Arbitrator

Emergency Arbitrator

One Arbitrator on a Panel of Three

Name of Challenged Arbitrator:

Name of Challenging Party

DAS Case Reference (if applicable)

Please refer to the Guidance Notes which accompany this form at Appendix I.

Please complete Sections A – D below. Sections A and B do not need to be completed if the case has already been assigned a case reference number by DAS.

Section A – 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.

Section B – Brief details of the dispute:

Section C – Brief details of reason(s) for the challenge, and grounds relied on:

Date when challenging party/
parties became aware of reason(s)
for challenge

Please ensure that you have attached the following:

- Notice of Challenge and any ensuing correspondence between the parties and the Arbitrator relating to the challenge
- Notice of Arbitration
- Response to the Notice of Arbitration
- Arbitration appointment correspondence
- Any other relevant documentation relating to the challenge

Section D

Your application is accepted on the basis that the information you provide is both accurate and complete. The liability of CI Arb and the challenge panellist in relation to the challenge may be restricted if the information provided is inaccurate or incomplete.

Name:

Date:

Signature:

Capacity:

Fee Payment (£600 + 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 '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:

BusinessVAT 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).

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