

# Request for Appointment of a Mediator

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 Mediator's background and skills

#### Party One:

Knowledge/Profession

Professional specialist expertise (if any)

Experience required as Mediator (if any)

#### Party Two:

Knowledge/Profession

Professional specialist expertise (if any)

Experience required as Mediator (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 mediator 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 a Mediator

- An agreement between the parties dated \_\_\_\_\_ 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 a mediator in the matter;
- A copy of said provision of the agreement, and particulars of the dispute, are attached and clearly marked.
- Any condition precedent to the right of either party to make a unilateral application for the appointment of a mediator 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 mediator, whether or not any agreement is reached during mediation;
- To provide adequate security for such payment if the mediator so requests;
- To make such payment within seven days of receipt of notice that such payment is due;
- To inform the mediator in the event of the settlement of the dispute before any mediation takes place; and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having appointed or nominated the mediator, for anything done or omitted to be done by the mediator 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 a Mediator

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 mediation by a mediator appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators.

Items 4 – 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 (£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 '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:

BusinessVAT 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 (£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, CIArb, 12 Bloomsbury Square, London, WCI 2LP, UK

T: +44 (0) 020 7421 7444 | F: +44 (0) (0)20 7900 2899 | E: [das@ciarb.org](mailto:das@ciarb.org)