



CI Arb
evolving to resolve

Request for Three Names for Expert Determination

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 brief details regarding the issues concerned

Amount in dispute

Preferred location for
the meeting (if any)

Preference for the Expert'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 mediator in relation to the appointment may be restricted if the information provided is inaccurate or incomplete.

The parties hereby request / the Applicant hereby requests* the Chartered Institute of Arbitrators (CI Arb) to suggest the names of three experts, for prospective appointment as an expert in a dispute which has arisen between the parties.

*Delete as applicable

I/we agree, as a condition of CI Arb's fulfilment of this mandate:

- To pay the reasonable fees and expenses of the expert;
- To inform the expert in the event of the settlement of the dispute before the expert determination has concluded; and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having suggested the expert, for anything done or omitted to be done by the expert in the discharge or purported discharge of his/her functions.

Name:

Signature:

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

Date:

Capacity:

Name:

Signature:

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

Date:

Capacity:

Fee payment (£120 – 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 (£120 – 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