

Request for appointment of arbitrator or independent expert

Please fill in the form and send it with all the supporting documentation by email to das@ciarb.org.

Requesting the appointment of (please tick as appropriate):

A Sole Arbitrator

A Mediator

An Independent Expert

In the matter of a dispute between the following:

Claimant/first party/landlord/tenant*:

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

Represented by*:

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

Original landlord (if applicable):

Parent/associated company*:

“Respondent/second party/landlord/tenant”

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

Represented by*:

Address:

Postcode/Zip:

Country:

Telephone:

Email address:

*Fill in as applicable or add, if necessary, names of other parties or representatives, by using another copy of this form.

Please provide brief details regarding the issues concerned or special requirements stated in the lease:

Details of the property

Address:

Postcode/Zip:

Country:

Google maps URL:

Details of the dispute

Please tick as appropriate:

Landlord & Tenant

Easements & Right of Light

Property ownership & Interferences

Professional Disputes

Utilities

Other:

Please provide brief details regarding the issues concerned or special requirements stated in the lease:

Date of lease (dd/mm/yyyy)*:

Amount in dispute/passing rent*:

User category*:

Preferred location for the meeting*:

*Complete if applicable

Preference for the Arbitrator's/Independent Expert's background and skills:

Party one

Knowledge/Profession

Party two:

Knowledge/Profession

Specialist experience (if any):

Specialist experience (if any):

Please note Ciarb's application fee is non-refundable. Your application is accepted on the basis that the information you provide is both accurate and complete. The liability of Ciarb and the appointed arbitrator/mediator/expert 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/mediator/independent expert

1. 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 (tick as applicable) an arbitrator / a mediator / an independent expert in the matter.

2. A copy of said provision of the agreement, and particulars of the dispute, are attached and clearly marked.

3. Any condition precedent to the right of either party to make a unilateral application for the appointment of (tick as applicable) an arbitrator / a mediator / an independent expert has been satisfied and the particulars of this, if any, are attached.

It is agreed as a condition of such an arbitration appointment:

4. To pay the reasonable fees and expenses of the arbitrator, whether or not the arbitration reaches a hearing or any award is made;
5. To provide adequate security for such payment if the arbitrator so requests;
6. To make such payment within ten days of receipt of notice that the award is ready to be taken up or that such payment is otherwise due;
7. To inform the arbitrator 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 arbitrator; and the discharge or purported discharge of his/her functions; and
8. 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. It is agreed as a condition of such a mediation/expert determination appointment: It is agreed as a condition of such a mediation/expert determination appointment;
9. To pay the reasonable fees and expenses of the mediator/independent expert, whether or not any agreement/determination is made;
10. To provide adequate security for such payment if the mediator/independent expert so requests;
11. To inform the mediator/independent expert in the event of a settlement of the dispute; and
12. That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having appointed or nominated the mediator/independent expert, for anything done or omitted to be done by the mediator/independent expert in the discharge or purported discharge of his/her functions.

Signature: _____

Insert image of your signature here
(as, or for and on behalf of, Claimant)

Date (dd/mm/yyyy):

Name:

Capacity:

Part B - Joint application for the appointment of an arbitrator/mediator/independent expert

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 (tick as applicable) an arbitrator / a mediator / an independent expert appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators.

N.B. Items 4 - 8 (Arbitration)/Items 4 - 7 (Mediation/Independent Expert) also apply.

Signature: _____

Insert image of your signature here
(as, or for and on behalf of, Claimant)

Date (dd/mm/yyyy):

Name:

Capacity:

Signature: _____

Insert image of your signature here
(as, or for and on behalf of, Respondent)

Date (dd/mm/yyyy):

Name:

Capacity:

Fee (£360 VAT inclusive) and methods of payment

All payments should be made in pounds sterling, please ensure that a party name is provided as a reference. Please tick your preferred payment option*:

Credit/debit card

Please telephone our Finance Department on **020 7421 7429** and have your card to hand. We accept MasterCard, Visa or American Express.

Bank transfer

If you wish to pay by bank transfer, please ensure that a party name is provided as a reference.

Ciarb bank details:

Account name: 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

***Please do not send cash to Ciarb by post.**

Checklist

All sections of the form have been completed.

You have provided the relevant supporting documentation (if necessary)

The correct fee is enclosed. Please note the application fee is non-refundable.

You have signed and dated the form.