



# Ciarb/Impress Arbitration Scheme Form ARB1

Please fill in the form and send it with all the supporting documentation by email to [das@ciarb.org](mailto:das@ciarb.org).

## **Application for Arbitration**

We, the parties to this application, whose details are set out below, apply to the Chartered Institute of Arbitrators for the nomination and appointment of an arbitrator from the IMPRESS Ciarb Panel to resolve the dispute referred to at paragraph 2 below in accordance with the Ciarb/IMPRESS Arbitration Scheme Rules (“the Rules”), and the Arbitration Act 1996 (or the Arbitration (Scotland) Act 2010, if applicable).

### **Claimant:**

Name:

Represented by:

Contact details:

### **Respondent:**

Name:

Represented by:

Contact details:

### **Details of the dispute:**

(Set these out on a separate sheet if preferred, but as concisely as possible.)

**We confirm the following:**

(a) We have been advised about and understand the nature of this agreement to arbitrate;

(b) Once the arbitration has started, we will not commence court proceedings or continue existing court proceedings in relation to the same subject matter (and will apply for or consent to a stay of any existing court proceedings, as necessary), unless it is appropriate to make an application to the court arising out of or in connection with the arbitration, or some relief is required that would not be available in the arbitration;

(c) We have read the current edition of the Rules and will abide by them.

Signature: \_\_\_\_\_

Insert image of your signature here  
(Claimant or representative)

Date (dd/mm/yyyy):

Name:

Signature: \_\_\_\_\_

Insert image of your signature here  
(Respondent or representative)

Date (dd/mm/yyyy):

Name: