

# Request for Three Names for Mediation



**CI Arb**  
evolving to resolve

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

**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 mediators, for prospective appointment as a mediator 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:

- Pay the reasonable fees and expenses of the mediator;
- Inform the mediator in the event of the settlement of the dispute before the mediation has concluded; and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having suggested the mediator; for anything done or omitted to be done by the mediator 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) | 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.

CI Arb bank details:

**Bank:** 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

### Cheque/Bank Draft

Please make your cheque payable to 'The Chartered Institute of Arbitrators'.

Send it by post to our Dispute Appointment Service (DAS) Department at:

CI Arb  
12 Bloomsbury Square  
London  
WC1A 2LP

**\*Please do not send cash to CI Arb by post.**

## 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 (£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 or post to:

DAS, CI Arb, 12 Bloomsbury Square, London, WC1 2LP, UK

**E:** [das@ciarb.org](mailto:das@ciarb.org)

**T:** +44 (0)20 7421 7455