



Request for Appointment of a Mediator

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

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:

*Fill in as applicable

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

Professional specialist expertise (if any)

Professional specialist expertise (if any)

Experience required as Mediator (if any)

Experience required as Mediator (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 in relation to the appointment may be restricted if the information provided is inaccurate or incomplete. Your application will be processed on the basis that the appointment may be made on behalf of the President/Deputy President of the Chartered Institute of Arbitrators by one of their duly appointed agents.

Please complete either part A or B below:

Part A - Unilateral application for the appointment of a Mediator

- An agreement between the parties dated (dd/mm/yyyy) _____ 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:

- That the appointment may be made on behalf of the President or Deputy President by one of their duly appointed agents;
- 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.

Signature: _____

Date (dd/mm/yyyy): _____

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

Name: _____

Capacity: _____

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 (or one of their duly appointed agents) for their dispute (particulars of which are attached), to be referred to mediation for determination by an mediator appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators (or one of their duly appointed agents).

Items 4 - 9 of Part A also apply as a condition to an appointment under Part B.

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 payment (£600 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.