



Request for Decision on a Challenge to an Arbitrator

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

Request for decision on a challenge to (please tick as appropriate):

Sole Arbitrator

Emergency Arbitrator

One Arbitrator on a Panel of Three

Name of Challenged Arbitrator:

Name of Challenging Party:

DAS Case Reference (if applicable):

Please refer to the Guidance Notes which accompany this form at Appendix 1.

Please complete Sections A - D below. Sections A and B do not need to be completed if the case has already been assigned a case reference number by DAS.

Section A

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.

Section B

Brief details of the dispute:

Section C

Brief details of reason(s) for the challenge, and grounds relied on:

Date when challenging party/parties became aware of reason(s) for challenge (dd/mm/yyyy):

Please ensure that you have attached the following:

- Notice of Challenge and any ensuing correspondence between the parties and the Arbitrator relating to the challenge
- Notice of Arbitration
- Response to the Notice of Arbitration
- Arbitration appointment correspondence
- Any other relevant documentation relating to the challenge

Section D

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 challenge panellist in relation to the challenge may be restricted if the information provided is inaccurate or incomplete.

Signature: _____
Insert image of your signature here

Date (dd/mm/yyyy):

Name:

Capacity:

Fee (£600 + VAT) 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.