



Cost Controlled Rules Arbitrator Appointment Form

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

Request for the appointment of a (please tick as appropriate):

Sole Arbitrator

First Arbitrator on Panel of Three

Second Arbitrator on Panel of Three

Third and Presiding Arbitrator

Substitute Arbitrator

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

Amount in dispute (if appropriate):

Preference for the Arbitrator's background and skills

Knowledge/Profession:

Professional specialist expertise (if any):

Experience required as arbitrators (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 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

- An agreement between the parties dated (dd/mm/yyyy) allows for or includes the provision that in the event of a dispute, the Cost Controlled Arbitration Rules shall apply.
- A copy of said provision of the agreement, and particulars of the dispute, are attached (including the Notice of Arbitration and/or Response to the Notice of Arbitration).
- Any condition precedent to the right of either party to make a unilateral application for the appointment of an arbitrator has been satisfied and particulars of this, if any, are attached.
- A copy of this application has been sent by the Applicant to the other side.

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

- To pay the reasonable fees and expenses of the arbitrator, whether or not the arbitration reaches a hearing or any award is made;
- To provide adequate security for such payment if the arbitrator so requests;
- To make such payment within the period directed by the arbitrator, or, where no deadline is given, within ten days of receipt of notice that such payment is due;
- To inform the arbitrator in the event of the settlement of the dispute before any award is made; and
- 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.

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

The parties hereby apply to the President or Deputy President of the Chartered Institute of Arbitrators for the appointment of an arbitrator, in relation to a dispute that has arisen between them (particulars of which are attached in the Notice of Arbitration and/or Response to the Notice of Arbitration, if not already submitted to DAS), which dispute is to be resolved under the Cost Controlled Arbitration Rules.

N.B. Items 5 – 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 (£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.