



# Request for Three Names for Arbitration

Please fill in the form and send it with all the supporting documentation by email to [das@ciarb.org](mailto: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 Arbitrator's background and skills**

**Party one**

Knowledge/Profession

**Party two:**

Knowledge/Profession

Professional specialist expertise (if any)

Professional specialist expertise (if any)

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. The parties hereby request\* / the Applicant hereby requests\* the Chartered Institute of Arbitrators (Ciarb) to suggest the names of three arbitrators, for prospective appointment as an arbitrator in a dispute which has arisen between the parties.

\*Tick as applicable

I/we agree, as a condition of Ciarb's fulfilment of this mandate:

- To pay the reasonable fees and expenses of the arbitrator;
- To inform the arbitrator in the event of the settlement of the dispute before the arbitration has concluded;  
and
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having suggested 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:

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

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

Date (dd/mm/yyyy):

Name:

Capacity:

### **Fee payment (£120 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.