



Request for the Appointment of a Sole Member Dispute Board Under the JCT/Ciarb Dispute Adjudication Board Rules

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*:

Of/Represented by*:

Address:

Country:

Telephone:

Email address:

Case reference:

Respondent/Second Party*:

Of/Represented by*:

Address:

Country:

Telephone:

Email address:

Case reference:

*Fill in as applicable

Details of the dispute

Please provide brief details regarding the issues concerned:

Preferred location for the meeting (if any):

Preference for the Dispute Board Member's background and skills

Party one

Knowledge/Profession

Party two:

Knowledge/Profession

Professional specialist expertise (if any)

Professional specialist expertise (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. Neither Ciarb nor the appointed neutrals can accept liability in relation to the appointment, if the information provided is inaccurate or incomplete.

Please complete either part A or B below:

Part A - Unilateral application for the appointment of a Dispute Board Member under JCT/Ciarb Dispute Adjudication Board Rules

- An agreement between the parties dated (dd/mm/yyyy) _____ 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 DB member under JCT/Ciarb Dispute Adjudication Board Rules in the matter;
- Particulars of the said agreement and the said 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 DB member has been satisfied and particulars of this, if any, are attached.

It is agreed as a condition of such an appointment that the Applicant shall:

- Pay the reasonable fees and expenses of the DB member, whether or not any decision is made; and
- Provide adequate security for such payment if the DB member so requests; and
- Make such payment within seven days of the date of communication of the decision to the parties; and
- Inform the DB member in the event of the settlement of the dispute before any decision is made and state which party is to pay any fees and expenses due to the DB member;
- That it is acknowledged that the Chartered Institute of Arbitrators is not liable, by reason of having appointed or nominated the DB member, for anything done or omitted to be done by the DB member 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 a Dispute Board Member under JCT/Ciarb
Dispute Adjudication Board Rules**

The parties hereby apply to the President or Deputy President of the Chartered Institute of Arbitrators for their dispute (particulars of which are attached), to be referred to adjudication by a DB member under JCT/Ciarb Dispute Adjudication Board Rules and appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators or by the Chartered Institute of Arbitrators .*

*Tick as applicable

Items 4 - 7 as above also apply.

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

Date (dd/mm/yyyy):

Name:

Signature: _____
Insert image of your signature here
*(as, or for and on behalf of the Respondent)

Date (dd/mm/yyyy):

Name:

Fee (£900 – VAT inclusive) and methods of payment

Each request for the appointment of a DB member must be accompanied by a payment of £900 (VAT inclusive). **This payment is non-refundable** and represents the total cost for the appointment of one DB member by the Chartered Institute of Arbitrators (Ciarb).

The cost of each appointment by the Ciarb is shared equally by the parties. 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.