

Pandemic Business Dispute Resolution Service – Arbitrator Appointment Form



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:

*Delete as applicable or add, if necessary, names of other parties or representatives.

Please provide a summary of the dispute, the issues to be determined, and the relief sought

Amount in dispute
(if appropriate)

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)

Experience required as Arbitrator (if any)

Experience required as Arbitrator (if any)

Your application is accepted on the basis that the information you provide is both accurate and complete. The liability of CI Arb and the appointed arbitrator in relation to the appointment may be restricted if the information provided is inaccurate or incomplete.

Please complete the application below:

Joint application for the appointment of an arbitrator

The parties hereby apply to the Chartered Institute of Arbitrators to be referred to arbitration under the Business Arbitration Scheme (such Scheme Rules to apply save it is agreed that the upper limit of claims shall be £250,000 and Clause 8 of the Scheme Rules shall not apply).

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

Print name:

Signature: _____ Date: _____
Insert image of signature here
(as, or for and on behalf of, Respondent) Capacity:

Print name:

Fee payment (£1250 + VAT per party)

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.

CI Arb bank details:

Bank: 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

Cheque/Bank Draft

Please make your cheque payable to 'The Chartered Institute of Arbitrators'.

Send it by post to our Dispute Appointment Service (DAS) Department at:

CI Arb
12 Bloomsbury Square
London
WC1A 2LP

***Please do not send cash to CI Arb by post.**

Checklist

Please check to ensure the following have been carried out before the form is sent to CI Arb:

All sections of the form have been completed.

The correct fee is enclosed (£1250 + VAT per party)

You have provided the relevant supporting documentation.

You have signed and dated the form.

Please return the completed form with all the supporting documentation by email or post to:

DAS, CI Arb, 12 Bloomsbury Square, London, WC1 2LP, UK

E: das@ciarb.org

T: +44 (0)20 7421 7455