



Independent Arbitration for Customers

The National Society of Allied and Independent Funeral Directors (SAIF)

Application Form

What is this Application for?

- This application form is for the customer to bring a claim against an SAIF registered member company (the Member) if they have not been able to resolve the complaint directly with the Member or via SAIF.
- The application form will ask you for the details needed to understand what you would like the Member to do and to help an arbitrator decide your dispute.
- Arbitration is legally binding under the Arbitration Act of 1996 and can only be appealed in the High Court on a very narrow set of circumstances related to procedure.

What do I need to do?

- Please read the Scheme Rules and guidance notes carefully before you fill in and return this form. They should be attached to this application form and can also be found on the CEDR website.
- Fill in the application form giving as much information as you can.
- It may take you some time to go through the application form and to get all your facts together, but having all the information will help us assess your case fairly.
- This process is conducted entirely in writing. You must ensure that you provide sufficient information and supporting evidence to substantiate your claim.

Before you can make an application:

- You must first use and exhaust the Member's own complaints procedure.
- You must refer the matter to SAIF who may offer a free conciliation procedure (also provided by CEDR) before escalating to binding arbitration.

Please let us know if you have any practical needs where we could help – for example with information in another format. If you require assistance in completing this form please contact CEDR:

By telephone: 0207 520 3800 **By email:** applications@cedr.com **Visit the website:** cedr.com/consumer

CEDR opening hours: 9:00am to 5:00pm, Monday to Friday

IMPORTANT: SAVE A COPY OF THIS PDF ON YOUR PC BEFORE COMPLETING AND UPLOADING THIS FORM.

IF YOU COMPLETE THIS FORM IN YOUR BROWSER YOU WILL NOT BE ABLE TO SAVE IT AND IT WILL APPEAR BLANK WHEN UPLOADED.



1. About you (the Customer)

Please give us your details.

Full name:

Street Address:

Town:

County:

Postcode:

Tel:

E-mail address:

If you provide an e-mail address we will normally send you information by e-mail only.

2. Representation

If you have a representative acting for you, please give details below. If you do not have a representative, go to part 3.

Full name:

Organisation:

Street :

Address:

County:

Town:

Tel:

E-mail

To be signed by the customer

I hereby give my authority for the above named person to represent me:

Signature:

Print name:

Date:



3. Members details

Member's name:

Street Address:

Town:

County:

Postcode:

Tel:

Email address:

Issue in Dispute

In the space below, please tell us what service or event you complained to the Member about.

Date you first complained to the Member:

Date you referred the matter to SAIF:

SAIF Case Reference (if known):

4. What actions would you like the Member to take?

(Tick all the boxes that apply)

Give you an apology

Give you an explanation

Take some practical action

Please specify:

5. What Redress are you claiming and why?

If you are asking the arbitrator to order the Member to carry out an action or provide compensation for poor service then you must specify the details and likely cost in this application and provide evidence to justify the redress claimed. Please ensure you record everything in this application as you cannot change these details at a later date. If the arbitrator makes an award in your favour, they could award resolution up to the total cost you have claimed for.

Please break down your claim by providing a value for each item you are claiming for and provide the reason why you are claiming that amount. The maximum permitted amount is specified in the guarantee.

Please use the table on the following page.



Better conflicts, Better outcomes, Better world

Item	Claim Reason	Amount Claimed (£)
------	--------------	--------------------

Please continue on a separate sheet if required but ensure the total amount you are claiming is completed in the next box below.

Total claimed:

6. Declaration

Data Protection Act

The Data Protection Act allows SAIF Members to provide information and/or documents about you to CEDR and the arbitrator with your consent. By completing this form you are giving your consent.

Please read the statements below and tick **all the boxes** before signing this form.

I apply to CEDR to appoint an arbitrator to settle this dispute in accordance with the Scheme Rules.

I have the authority to commit to arbitration.

I have tried to resolve this matter through the Member's complaints procedure and via SAIF

I understand that it is my responsibility to provide evidence supporting my claim and I attach my documents / materials, as evidence to support my claim.

I understand it is my responsibility to read the Arbitration Rules and, if necessary, seek guidance from CEDR.

I have not previously referred this dispute to either the Courts or any other Redress Scheme.

I understand that the arbitrator's award will be legally binding on both parties and cannot be changed once released to the parties.

I enclose payment of £100 (incl. VAT) made payable to CEDR Services Ltd.

Signature:

Print name:

Date:

Submitting your application

Now please submit your application and supporting evidence to us:

By post:

SAIF Arbitration Scheme
CEDR Services Ltd
100 St. Paul's Churchyard
London
EC4M 8BU

By email:

applications@cedr.com

**IMPORTANT: SAVE A COPY OF THIS PDF ON YOUR PC BEFORE COMPLETING AND UPLOADING THIS FORM.
IF YOU COMPLETE THIS FORM IN YOUR BROWSER YOU WILL NOT BE ABLE TO SAVE IT AND IT WILL APPEAR BLANK WHEN UPLOADED.**



Payment form

Please make cheques payable to 'CEDR Services Limited' or you may pay by debit or credit card by completing this form.

Personal Details

First name:

Last name:

Email:

Telephone:

Organisation:

Street:

Town/City:

County:

Post
Code:

Payment Details

Invoice Number:

(if known)

Amount to pay: £100.00 (incl. VAT)

Name on Card:

Payment Method:

Card Number:

Start Date:

(if shown)

Security

Code:

Expiry

Date:

Additional
Comments: