

Request for Appointment of an Arbitrator

Fill in the form and send it with all the supporting documentation by email to ciarb.bermuda@gmail.com

In the matter of a dispute between the following:

Claimant/First Party*:

Address:

Postcode/Zip:

Telephone:

Email address:

Represented by*:

Address:

Postcode/Zip:

Telephone:

Email address:

Respondent/Second Party*:

Address:

Postcode/Zip:

Telephone:

Email address:

Represented by*:

Address:

Postcode/Zip:

Telephone:

Email address:

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)

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 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, either party may apply to the President or Deputy President of the Chartered Institute of Arbitrators to appoint an arbitrator in the matter.
- A copy of said provision of the agreement, and particulars of the dispute, are attached and clearly marked.
- 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.

It is 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 ten days of receipt of notice that the award is ready to be taken up or that such payment is otherwise 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.

Name:

Date (dd/mm/yyyy):

Signature: _____

Capacity:

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

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 their dispute (particulars of which are attached), to be referred to arbitration for determination by an arbitrator appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators.

Items 4–8 of Part A also apply as a condition to an appointment under Part B.

Name:

Date (dd/mm/yyyy):

Signature: _____

Capacity:

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

Name:

Date (dd/mm/yyyy):

Signature: _____

Capacity:

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

Fee

Application fee will be charged separately.

Checklist

All sections of the form have been completed.

You have provided the relevant supporting documentation.

You have signed and dated the form.