ciarb
Australia Branch

Request for Three Names for Arbitration

Please fill in the form and send it with all the supporting documentation by email to info@ciarb.net.au

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) Australia 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 Australia 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: _____ Date (dd/mm/yyyy):

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

Name: Capacity:

Signature: _____ Date (dd/mm/yyyy):

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

Name: Capacity:

Fee payment ($325 inc GST) to be paid via Bank Transfer

All payments should be made in Australian dollars, please ensure that a party name is provided as a reference.

Account name: The Chartered Institute of Arbitrators (Australia) Limited
BSB: 06 2070
Account number: 1003 9484
SWIFT Code: CTBAAU2S

***Please do not send cash to Ciarb Australia 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.