

ACI

Request for Arbitration

Fixed Fee Arbitration Scheme

All sections of this form must be completed. Please use continuation sheets where necessary.

To the Administrator

We hereby request arbitration under the ACI Commercial Fixed Fee Rules.

Section A *Parties to the Arbitration*

Claimant:

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Respondent:

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Please note that the address given in this section will be the address for service unless Section B is completed. In these circumstances any document sent to the above address or Fax. No. will be deemed to be properly served under the Rules. To effect a change of address or Fax. No. for the purposes of service, any change of address must be notified in writing to ACI, all other parties and, if the Arbitrator has been appointed, the Arbitrator.

Section B *Legal or Other Representation:*

(Please give the following details if you are intending to be represented by a Solicitor or any other third party)

Claimant's Representative:

Name _____

Firm _____

Address _____

Telephone _____

Fax _____

DX _____

E-mail _____

Respondent's Representative:

Name _____

Firm _____

Address _____

Telephone _____

Fax _____

DX _____

E-mail _____

Please note that, if an address and Fax. No. is given in Section B then this will be the address and Fax. No. for service of any document under the Rules and any document sent to that address or Fax. No. will be deemed to be properly served. To effect a change of address or Fax. No. for the purposes of service, any change of address or representative party must be notified in writing to ACI, all other parties and, if the Arbitrator has been appointed, the Arbitrator.

Section C Miscellaneous

State the sum claimed or other relief sought: _____

Claimant's Statement

Please ensure that a Claimant's Statement is attached in duplicate, together with all accompanying documents in accordance with Rule 15.1.

Documents-only Hearing

Please state if the parties have agreed that the arbitration should be heard by documents only. Please note that any documents-only agreement is subject to the confirmation of the Arbitrator that the issues are suitable to be dealt with in this way. **Yes / No**

Proposed Arbitrator

Indicate the fee range within which it is desired that ACI should make the appointment from the panel (the appropriate Fixed Fee applicable to each Band appears on the Fee Sheet for Fixed Fee Arbitrations). Alternatively if the parties have agreed upon an Arbitrator from the Fixed Fee Panel whom they wish ACI to appoint state the name of the proposed Arbitrator. Please note that there will be a sole Arbitrator in all Fixed Fee Arbitrations.

Tick Appropriate Box to indicate fee range.

Band B Band C Band D

Alternatively state name of proposed Arbitrator: _____

Please note that ACI is not obliged to appoint the proposed Arbitrator under the Fixed Fee Rules and will not do so if the Arbitrator is unable to undertake the arbitration within the time-scale intended for Fixed Fee Arbitrations or if there is a conflict of interest. Where ACI does not appoint the proposed Arbitrator, it will appoint another Arbitrator from the Fixed Fee Panel in accordance with the Rules for the Fixed Fee Arbitrations.

If the hearing is not to be in London, indicate where the parties would like the hearing to take place: _____

Have the parties agreed to exclude their right of appeal to the Court on points of law arising out of any Award of the Arbitrator? *(delete as appropriate)* **Yes / No**

I/We confirm that the Respondent has received a copy of the Claimant's Statement and all documents attached to it: *(delete as appropriate)* **by Fax/Post**

The Request for arbitration will not be effective unless the full Initial Fee is enclosed.

Signed by the Claimant:

Signed by the Respondent:

_____ Date _____ Date _____

If signature is by a solicitor or other agent, please indicate accordingly. Signature by all parties is required for Fixed Fee Arbitrations. If the parties are unable to agree on the arbitrator to be nominated for appointment or the fee band from which appointment is to be made, then this should be indicated. In this event, each party may indicate their preferences to ACI Commercial at the time of signing the Request.

Please return this form to:

The Administrator, ACI, 3 Verulam Buildings, Gray's Inn, London, WC1R 5NT