

# ACI

## *Request for Arbitration*

### Standard 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 Standard Arbitration 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 26.1.

**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**

Please attach a copy of any agreement for the method of appointment of the arbitrator. Otherwise, indicate the fee range within which it is desired that ACI should make the appointment from the Panel (the fee ranges applicable to each band appear on the Fee Sheet for Standard Arbitrations). Alternatively, if the parties have agreed upon an Arbitrator from the Standard Arbitration Panel whom they wish ACI to appoint, state the name of the proposed Arbitrator. If the parties have agreed upon more than one Arbitrator this should be indicated, address and telephone number of those appointed, if they have been already appointed, ACI can appoint a legal chairman for a three person tribunal where the parties wish to appoint trade or other technical arbitrators.

**Tick Appropriate Box to indicate fee range.**    Band A     Band B     Band C     Band D

Alternatively state name of proposed Arbitrator(s) \_\_\_\_\_  
 \_\_\_\_\_

Please note that ACI will not appoint the proposed Arbitrator if the Arbitrator is unable to proceed with reasonable expedition, or if there is a conflict of interest. Where ACI does not appoint the proposed Arbitrator, the appointment of the Arbitrator will be made in accordance with the Standard Arbitration Rules.

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 authorised agent, please indicate accordingly. Signature by the Claimant is sufficient to make an effective request (assuming that the parties have agreed to arbitrate). Signature by the Respondent will indicate that party's consent to the proposed Arbitrator or chosen fee band.

Please return this form to:

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