Application for the Appointment of an Arbitrator

Date_________

I/we____________________________________________________________
hereby request the Institution of Mechanical Engineers to
appoint an arbitrator
in the dispute described below.

Claimant

Company
Name:___________________________________________________________
Contact
Name:___________________________________________________________
Address:_________________________________________________________
________________________________________________________________
Post Code:__________________Telephone:___________________________
Fax:__________________Email:___________________________

Claimant’s Representative (if applicable)

Company
Name:___________________________________________________________
Contact
Name:___________________________________________________________
Address:_________________________________________________________
________________________________________________________________
Post Code:__________________Telephone:___________________________
Fax:__________________Email:___________________________

Respondent

Company
Name:___________________________________________________________
Contact
Name:___________________________________________________________
Address:_________________________________________________________
________________________________________________________________
Post Code:__________________Telephone:___________________________
Fax:__________________Email:___________________________
Respondent’s Representative (if applicable)
Company
Name:__________________________________________________
Contact
Name:__________________________________________________
Address:_________________________________________________
_____________________________________________________________
Post Code: ____________________ Telephone:__________________________
Fax: ____________________ Email:_________________________

Brief Description of the Dispute

Please provide brief details of the nature of the dispute and attach a copy of the arbitration clause

Date of Arbitration Notice: __________________________

I/We agree to send the Nomination Fee of £250 (+VAT) with the posted copy of this application (cheques should be made payable to the Institution of Mechanical Engineers). I/We understand that the fee is not refundable.

Signed: __________________________
Dated: __________________________

Please forward by fax and first class post
- Completed Application Form
- Nomination Fee £250 (+VAT)
- Notice of Arbitration (as submitted to the other party)

To: Mrs Sarah Rogers, Manager - Information and Library Service,
Institution of Mechanical Engineers, 1 Birdcage Walk, Westminster,
London, SW1H 9JJ
Tel: 020 7973 1266 Fax: 020 7222 8762 Email: s_rogers@imeche.org