



Chartered
Institute of
Arbitrators

CI Arb

TrustMark Arbitration Service Application Form

2006 Edition

The party initiating a referral to the TrustMark Arbitration Service should complete this form.

Please read the Service Rules carefully before you fill in and return this form. Please remember that you cannot use the Service unless the trader is a member of the Property Care Association, the National Association of Inspectors and Testers, or is a contractor client of AJA Registrars Ltd.

Fill in this form in BLOCK CAPITALS.

1 Details (Applicant 1 – initiating party)

Give your details below.

Your name:		
Your address:		
Daytime telephone number:	Mobile:	Fax:
E-mail address:		

* See final declaration (3 below).

2 Dispute details

In the space below, tell us briefly what your dispute is about and what you want. You will have an opportunity to provide more detail later.

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3 Declaration

Please read the statements below before signing this form.

- I have read and understood the TrustMark Arbitration Service Rules.
- I am applying for you to appoint an Arbitrator in line with the TrustMark Arbitration Service Rules.
- I have tried to settle this matter through the trader without success.
- I have not previously referred this dispute to the Courts.
- I confirm that I have attached a cheque* for the correct sum as shown in the Schedule to the Rules.
- I have the authority to commit to arbitration and its consequences.

Your signature:

Date:

/ /

Now attach cheque.*

Forward this form to the trader

* Cheques should be made payable to "The Chartered Institute of Arbitrators".



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TrustMark Arbitration Service Application Form

2006 Edition

The party responding to a claim under the TrustMark Arbitration Service should complete this form.

Please read the Service Rules carefully before you fill in and return this form. Please remember that you cannot use the Scheme unless you are a member of the Property Care Association, the National Association of Inspectors and Testers, or you are a contractor client of AJA Registrars Ltd.

Fill in this form in BLOCK CAPITALS.

1 Details (Applicant 2 – responding party)

Give your details below.

Your name and firm*:	
Your address:	
Telephone number:	Fax:
E-mail address:	

* See final declaration (3 below).

2 Dispute details

In the space below, please give us an outline of the issues in dispute as you see them. You will have an opportunity to provide more detail later.

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3 Declaration

Please read the statements below before signing this form.

- I have read and understood the Independent Arbitration Scheme Rules.
- I am applying for you to appoint an Arbitrator in line with the rules of the Independent Arbitration Scheme.
- I have not previously referred this dispute to the Courts.
- I confirm that I have attached a cheque* for the correct sum as shown in the Schedule to the Rules.
- I have the authority to commit to arbitration and its consequences.

Your signature:

Date:

/ /

Now attach cheque.*

Forward this form to The Chartered Institute of Arbitrators, 12 Bloomsbury Square, London WC1A 2LP

* Cheques should be made payable to "The Chartered Institute of Arbitrators".