



Chartered  
Institute of  
Arbitrators

**CI Arb**

## **TrustMark Conciliation Service Application Form**

2006 Edition

**The party initiating a referral to the TrustMark Conciliation 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.

### 3 Declaration

Please read the statements below before signing this form.

- I have read and understood the TrustMark Conciliation Service Rules.
- I am applying for you to appoint a Conciliator in line with the TrustMark Conciliation 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 £200 plus VAT in accordance with Rule 5.1 of the TrustMark Conciliation Service Rules.

Your signature:

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Date:

/ /
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*Now attach cheque\*.*

*Forward this form to the trader*

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



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## **TrustMark Conciliation Service Application Form**

2006 Edition

**The party responding to a claim under the TrustMark Conciliation 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 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 TrustMark Conciliation Service Rules.
- I am applying for you to appoint a Conciliator in line with the TrustMark Conciliation 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 £200 plus VAT in accordance with Rule 5.1 of the TrustMark Conciliation Service Rules.

Your signature:

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Date:

/ /
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*Now attach cheque\*.*

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

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