

**APPLICATION FORM**

**FOR THE NOMINATION OF AN ARBITRATOR BY TECBAR**

**TO THE CHAIR OF TECBAR:**

Simon Hargreaves KC

Keating Chambers

15 Essex Street

London

WC2R 3AA

**DATE OF THIS REQUEST**: ...........................................................................................

**DATE OF THE NOTICE OF ARBITRATION**: .............................................................

The dispute described in the above Notice of Arbitration, a copy of which is attached hereto, has arisen. No person is named in the relevant agreement to act as arbitrator, or the person named has indicated he/she is unwilling or unable to act, and an arbitrator has not been agreed between the parties.

**THE REQUEST FOR NOMINATION**

The Applicant (hereinafter “the Claimant”) hereby requests that TECBAR select a person to act as Arbitrator in the above mentioned dispute.

The Claimant requests that the Arbitrator be in the following band of seniority (please delete as appropriate):

Senior QC (10 years or more in silk)

 Junior QC (Less than 10 years in silk)

 Senior Junior (More than 10 years call)

 Junior Junior (Less than 10 years call)

Please specify if you have any other particular requirements (e.g. specific call, other professional qualification, other particular experience etc) and please indicate whether the requirement(s) are (a) essential or (b) desirable:

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The Claimant agrees to meet all the reasonable costs incurred by the person nominated by TECBAR even if there is no entitlement to make this application in accordance with the agreement between the parties named herein.

**ADMINISTRATIVE FEE**

The Claimant encloses a cheque for the sum of £75 made payable to “TECBAR” in respect of the nomination fee for the administrative costs in connection with this application.

**THE ARBITRATOR’S FEES**

The Arbitrator shall be entitled to the payment of such fees as may be agreed between the Arbitrator and the parties plus expenses reasonably incurred by him/her and VAT.

**Signed for and on behalf of the Claimant**:

……………………..........................................................................

(Signature)

**THE PARTIES**

**Claimant**

Name:

Address:

Contact reference:

Email:

Tel:

Fax:

(Use a continuation sheet for any other Claimant)

**Respondent:**

Name:

Address:

Contact reference:

Email:

Tel:

Fax:

(Use a continuation sheet for any other Respondent)

**THE NOTICE OF ARBITRATION AND CONFIRMATION OF PAYMENT OF THE APPOINTMENT FEE MUST ACCOMPANY THIS FORM**

**NOTES:**

1. TECBAR will make a nomination by selecting an Arbitrator within the band of seniority indicated above and may have regard to any requirements indicated above upon the application of any person using this form without reference to the Respondent. However TECBAR reserves the right to consult the Respondent on any requirements listed. The validity of the application will not be investigated by TECBAR.
2. In making the application on this form the Claimant undertakes to meet the reasonable charges of the person nominated by TECBAR pursuant to this application even should the arbitration not proceed.
3. If the validity of the application is challenged then the person selected by TECBAR and the parties involved must resolve the challenge.
4. TECBAR will use its best endeavours to select an Arbitrator willing and able to act within five working days of receiving this request.
5. Neither TECBAR nor its Committee or members nor its servants or agents shall be liable to any party for any act omission or misconduct in connection with any nomination or appointment made or any arbitration conducted in consequence of this request.