

# Application for the Appointment of an Arbitrator

## Explanation of Form

This form shall be used to apply to the Australian Centre for International Commercial Arbitration (ACICA) for the appointment of one or more arbitrators pursuant to an *ad hoc arbitration* agreement, the ACICA Rules, the ACICA Expedited Rules, the *International Arbitration Act 1974* (Cth), s 18(1) & (2), and the *International Arbitration Regulations 2011* (Cth).

## Appointment Procedure

ACICA appoints arbitrators in accordance with its Appointment of Arbitrators Rules 2011 (the Appointment Rules), found on the ACICA website: [www.acica.org.au](http://www.acica.org.au). Please contact ACICA with any questions about this form, or the appointment process.

Australian Centre for International Commercial Arbitration (ACICA)  
 Level 16, 1 Castlereagh Street  
 Sydney NSW 2000  
 Australia

Email                    secretariat@acica.org.au  
 Telephone            +61 (0) 2 9223 1099  
 Fax                        +61 (0) 2 9223 7053

## Submitting this form

Please see Part D of the Appointment Rules for full details regarding the submission of your application. You must complete all relevant sections of this form before sending it and any required attachments to ACICA at the address indicated above in the manner prescribed in the Appointment Rules. You are also required to serve all other parties to the arbitration. If you have completed this form electronically, you may also electronically submit it to ACICA by clicking the "submit" button on page 4. However, no appointment will be made until ACICA has received your original application form (including attachments) with the requisite appointment fee.

## If you have been served with this form

This means that a person or organisation is requesting ACICA to appoint an arbitrator or arbitrators in an arbitration in which you or an organisation you are associated with is named as a party. Under the ACICA Arbitration Rules, the ACICA Expedited Arbitration Rules and the *International Arbitration Act 1974* (Cth), ACICA has the power to appoint arbitrators for arbitrations.

You are entitled to send to ACICA (**within 10 days of being served with this Form**) submissions concerning this application to appoint an arbitrator or arbitrators. Your submissions could include:

- a nomination or proposal for a person or persons to be appointed as an arbitrator and any supporting material
- reasons why ACICA should not appoint an arbitrator;
- reasons why ACICA should or should not appoint any particular individual or class of individuals as arbitrator; and
- any other information you consider relevant to the application.

ACICA will wait at least 10 days after you have been served with this form before making any decision.

Please seek legal advice if required. Please contact ACICA for further information.

## Office use only

Confirmation of receipt		Compliance		Appointment Fees Paid		Stamp for date received
Appointment Committee						
Appointment Advisory Board						
ACICA Board		Nominee Confirmed - 9.1(a)		Decline to Appoint - 9.1(c)		

# Application for the Appointment of Arbitrator(s)

## PART 1 - Details of Applicant

Name of Applicant	
Organisation	
Representing which party	
Telephone Number	
Email Address	

## PART 2 - Details of Parties

### *Claimant*

Name			
Address			
	State	Postcode	Country
Nationality			
Telephone Number			
Fax Number			
Email Address			

### *Claimant's Representative (if any)*

Name			
Organisation & Position			
Address			
	State	Postcode	Country
Telephone Number			
Fax Number			
Email Address			

### *Respondent*

Name			
Address			
	State	Postcode	Country
Nationality			
Telephone Number			
Fax Number			
Email Address			

**Respondent's Representative (if any)**

<b>Name</b>			
<b>Organisation &amp; Position</b>			
<b>Address</b>			
	State	Postcode	Country
<b>Telephone Number</b>			
<b>Fax Number</b>			
<b>Email Address</b>			

<b>Are there multiple Claimants or Respondents?</b>	<input type="checkbox"/> Yes (please attach their details to this application) <input type="checkbox"/> No
<b>Any relevant case reference</b>	

**PART 3 - The Dispute**

<b>Contract/agreement between the parties</b>	Please summarise the Contract /agreement briefly or attach a copy:
<b>Arbitration Clause</b>	Please attach a copy of the arbitration agreement.
<b>Amount in dispute</b>	
<b>Summary of dispute</b>	Please provide a brief summary of the dispute, including the nature, circumstances and location of the dispute and the issues for arbitration:

**PART 4 - Appointment**

<b>Number of Appointments Required</b>  <b>Please indicate any applicable provision under which the appointment is being requested:</b>	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three
	<b>ACICA Rules</b> <input type="checkbox"/> Article 9 <input type="checkbox"/> Article 10 <input type="checkbox"/> Article 11
	<b>ACICA Expedited Rules</b> <input type="checkbox"/> Article 8
	<b>UNCITRAL Rules</b> <input type="checkbox"/> Article 6 <input type="checkbox"/> Article 7 <input type="checkbox"/> Article 8
	<b>International Arbitration Act (Cth)</b> <input type="checkbox"/> Section 18(1) <input type="checkbox"/> Section 18(2)
	<b>UNCITRAL Model Law</b> <input type="checkbox"/> Article 11(3)(a) <input type="checkbox"/> Article 11(3)(b) <input type="checkbox"/> Article 11(4)(a) <input type="checkbox"/> Article 11(4)(b) <input type="checkbox"/> Article 11(4)(c)
<b>Other relevant details</b>	Please provide any other relevant details that ACICA should be aware of, including the date on which a party was requested to concur in the appointment of an arbitrator under the arbitration clause, the names of any arbitrators that were discussed or proposed, whether a party has responded, whether any arbitrators have already been appointed in the case etc:

**PART 5 - Submitting Appointment Application**

<b>Appointment Fees</b>	<p>Please send a cheque in Australian Dollars in the amount of the appointment fee (see below) payable to <i>Australian Centre for International Commercial Arbitration</i> with a copy of this application form to the following address:</p> <p>The Secretary General          Australian Centre for International Commercial Arbitration          Level 16, 1 Castlereagh Street          Sydney NSW 2000          Australia</p> <p>Payment can also be made by EFT to the ACICA account as follows: National Australia Bank, 292 Pitt Street, Sydney NSW 2000 Australia - BSB 082 080, Account 68 321 8390. The NAB SWIFT CODE is NATAAU3302S. Please ensure you clearly identify party names on the transfer and send ACICA a copy of your receipt.</p> <p>The following appointment fees apply (except for appointments made under the ACICA Arbitration Rules and the ACICA Expedited Arbitration Rules)</p> <table> <tr> <td>1 Arbitrator</td> <td>AUD \$1000</td> </tr> <tr> <td>2 Arbitrators</td> <td>AUD \$2000</td> </tr> <tr> <td>3 Arbitrators</td> <td>AUD \$3000</td> </tr> </table> <p>These fees are inclusive of GST.</p>	1 Arbitrator	AUD \$1000	2 Arbitrators	AUD \$2000	3 Arbitrators	AUD \$3000
1 Arbitrator	AUD \$1000						
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3 Arbitrators	AUD \$3000						

**Submission Instructions**

Please see Part D of the Appointment Rules for full details regarding the submission of your application. You must complete all relevant sections of this form before sending it to ACICA at the address indicated above in the manner provided by the Appointment Rules. This includes any attachments that are required. You are also required to send copies to all other parties to the arbitration as provided by the Appointment Rules.

If you have completed this form electronically, you may also electronically submit it to ACICA by clicking the "submit" button on page 5. This will begin the appointment process, however, no appointment will be made until ACICA has received your original application form with the requisite appointment fee and any applicable attachments that need to be submitted under the Appointment Rules.

Please contact ACICA if you have any questions regarding this form, or the appointment process:

Telephone                    +61 (0) 2 9223 1099  
 Fax                                +61 (0) 2 9223 7053

**PART 6 - Certification**
**Certification**
 I, the person listed in Part 1 of this form, hereby certify that the details contained in this form are true and accurate (please tick).

**Signed**

Date

**Name**
**Capacity**
**For electronic submissions**
**[submit button]**

Please read Submission Instructions in Part 5 before submitting electronically