

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 the *International Arbitration Act 1974* (Cth), s 18(1) & (2) and the *International Arbitration Regulations 2011* (Cth), the UNCITRAL Model Law, arts 11(3)(a)-(b) and 11(4)(a)-(c) (as given force of law in Australia by the *International Arbitration Act 1974*). This form **does not** apply to the appointment of arbitrators under the ACICA Arbitration Rules, the ACICA Expedited Arbitration Rules, the UNCITRAL Arbitration Rules or to ad hoc appointments.

Appointment Procedure

In the circumstances listed above, ACICA appoints arbitrators in accordance with its Statutory Appointment of Arbitrators Rules 2022 (the Appointment Rules), found on the ACICA website: www.acica.org.au. Please contact ACICA with any questions about this form, or the appointment process.

Australian Centre for International Commercial Arbitration (ACICA)
Suite 10.09A, Level 10
25 Martin Place
Sydney NSW 2000
Australia
Email secretariat@acica.org.au
Telephone +61 (0) 2 9223 1099

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 in the manner prescribed in the Appointment Rules. You are also required to serve all other parties to the arbitration. 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 *International Arbitration Act 1974* (Cth), *International Arbitration Regulations 2011* (Cth) and the UNCITRAL Model Law (as given force of law in Australia by 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) | | |

FORM A

Application for the Appointment of Arbitrator(s)

PART 1 - Details of Applicant

| | |
|--------------------------|--|
| Name of Applicant | |
| Organisation | |
| Representing which party | <input type="checkbox"/> Claimant <input type="checkbox"/> Respondent |
| 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 | | | |

FORM A

Respondent's Representative (if any)

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

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

PART 3 - The Dispute

| | |
|--|--|
| Contract/agreement between the parties | Please summarise the Contract /agreement briefly or attach a copy: |
| Arbitration Clause | Please attach a copy of the arbitration agreement. |
| Amount in dispute | |
| Summary of dispute | 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

| | |
|--|--|
| Number of Appointments Required | <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three |
| Please indicate any applicable provision under | |

FORM A

| | |
|--|---|
| <p>which the appointment is being requested:</p> <p>(If an appointment is being requested under the International Arbitration Act 1974 (Cth), please also note which provision of the Model Law is applicable.)</p> | <p>International Arbitration Act 1974 (Cth) <input type="checkbox"/> Section 18(1) <input type="checkbox"/> Section 18(2)</p> <p>UNCITRAL Model Law <input type="checkbox"/> Article 11(3)(a) <input type="checkbox"/> Article 11(3)(b) <input type="checkbox"/> Article 11(4)(a)</p> <p> <input type="checkbox"/> Article 11(4)(b) <input type="checkbox"/> Article 11(4)(c)</p> |
| <p>Other relevant details</p> | <p>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:</p> |

PART 5 - Submitting Appointment Application

| | |
|---------------------------------------|--|
| <p>Appointment Fees</p> | <p>Payment can be made by EFT to the ACICA account as follows: National Australia Bank, 292 Pitt Street, Sydney NSW 2000 Australia - BSB 082 080, Account 30 381 0684. 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:</p> <p>1 Arbitrator AUD \$2,000 2 Arbitrators AUD \$4,000 3 Arbitrators AUD \$6,000</p> <p>These fees are exclusive of GST (to the extent that it is payable).</p> |
| <p>Submission Instructions</p> | <p>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 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.</p> <p>No appointment will be made until ACICA has received your application form, all applicable attachments and the requisite appointment fee.</p> <p>Please contact ACICA if you have any questions regarding this form, or the appointment process:</p> <p>Telephone +61 (0) 2 9223 1099 Email secretariat@acica.org.au</p> |

PART 6 - Certification

| | |
|-----------------------------|--|
| <p>Certification</p> | <p><input type="checkbox"/> 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).</p> |
|-----------------------------|--|

FORM A

| | |
|----------|------|
| Signed | Date |
| Name | |
| Capacity | |