

Application for the Appointment of an Arbitrator

Date		
I/we		
hereby request the Institution of Mechanical Engineers to appoint an arbitrator in the dispute described below. Claimant		
Name:		
Contact		
Name:		
Address:		
Post Code:	Telephone:	
Fax:		
Claimant's Represen	tative (if applicable)	
Company		
Name:		
Contact		
Name:		
Address:		
Fax:	Telephone: Email:	
Respondent		
Company		
Name:		
Contact		
Name:		
Address:		
Post Code:	Telephone:	
Fax:	Telephone: Email:	

	sentative (if applicable)	
Company		
Name:		
Contact		
Name:		
Post Code:	Telephone:	
Fax:		
Brief Description of	the Dispute	
Please provide brief de arbitration clause	tails of the nature of the dispute and attach a copy of the	
Date of Arbitration N	lotice:	
this application (chequ	e Nomination Fee of £250 (+VAT) with the posted copy of es should be made payable to the Institution of I/We understand that the fee is not refundable.	
Signed:		
Dated:		
Please forward by fax and first class post		

- Completed Application Form
- Nomination Fee £250 (+VAT)
- Notice of Arbitration (as submitted to the other party)

To: Mrs Sarah Rogers, Manager - Information and Library Service, Institution of Mechanical Engineers, 1 Birdcage Walk, Westminster, London, SW1H 9JJ

Tel: 020 7973 1266 Fax: 020 7222 8762 Email: s_rogers@imeche.org