

DATE (dd/mm/yy)

ICAMEK CASE NUMBER /

(For official use only)

The Claimant propose English as the Language for the Arbitration Proceedings. (please tick as appropriate)

YES

NO

The dispute is to be resolved under the ICAMEK Arbitration Rules 2018. (please tick as appropriate):

YES

NO

Request for Appointment of a; (please tick as appropriate);

Sole Arbitrator

Presiding Arbitrator

Three member Tribunal

Other

## ■ Details of the disputing parties and their representation

### CLAIMANT

Physical Address:

Telephone:

Mobile:

Email Address:

Country

Represented by:

Physical Address:

Telephone:

Mobile:

Email Address:

\*Delete as applicable or add, if necessary, names of other parties or representatives \* Contact details not required if case already assigned an ICAMEK case reference

**RESPONDENT**

Physical Address:

Telephone:

Mobile:

Email Address:

Country

**Represented by:**

Physical Address:

Telephone:

Mobile:

Email Address:

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**■ A brief statement describing the nature and circumstance giving rise to the dispute:**

Amount in dispute ( if appropriate )

## ■ Arbitrator's preferred background and skills

Your application is accepted on the basis that the information you provide is both accurate and complete. The liability of ICAMEK and the appointed arbitrator in relation to the appointment may be restricted if the information provided is inaccurate or incomplete.

Please complete the Section below.

## ■ Claimant's Request /Application for the appointment of an Arbitrator by ICAMEK

It is agreed as a condition of such an request and/or appointment (please tick as appropriate):Please complete the Section below.

To pay the advance on costs of the arbitration to the Centre intended to cover the costs of arbitration until the terms of reference have been drawn up;

To make such payment within the period directed by the Centre or, where no deadline is given, within 14 days of receipt of invoice of such payment ;

To inform the Centre and the tribunal in the event of the settlement of the dispute before any award is made;

To serve the Notice of Arbitration on the respondent;

To satisfy and/or fulfill any conditions precedent to the parties partaking in Arbitration;

That ICAMEK is not liable, by reason of having appointed or nominated the arbitrator, for anything done or omitted to be done by the arbitrator in the discharge or purported discharge of his/her functions.

It is further agreed as a condition of such appointment and/or administration of the dispute by ICAMEK; that the dispute is to be resolved under the ICAMEK Arbitration Rules.

Name

Date (dd/mm/yy)

Capacity

( as, or for and on behalf of, Claimant )

Signature

# CHECKLIST:

- Kindly takenote that icamek will avail the parties with a list of arbitrators from which the parties may jointly nominate an arbitrator, icamek will only appoint an arbitrator where the parties fail to do so and any such appointment will attract a fee.
- Icamek may effect service either physically or electronically, please ensure that both the email and physical addresses provided for the respondent and the claimant are correct and the most current.
- Attach a copy of the written arbitration clause or separate arbitration clause that is invoked by the cliamant;
- Attach a copy of the contractual document or other legal instrument in which the arbitration clause is contained/provided for or in respect of which the arbitration arises;
- Where claims are made under more than one arbitration agreement, attach an indication of the arbitration agreement under which each claim is made;
- Attach proof of payment of the registration fee.
- Attach a copy of the recieved notice of arbitration.

Payment of registration & appointment fees of (550,000/= (Five hundred fifty thousand shillings only) is to be made to:

Account Name: International Centre of Arbitration & Mediation in Kampala  
Bank: Stanbic bank (U) Limited  
Account: 9030015640315



"PLEASE FILE THIS REQUEST ELECTRONICALLY AT " [file@icamek.org](mailto:file@icamek.org)".