



INSTITUTE OF ARBITRATION

EU Office : Sint Annadreef 68 b, 1020 Brussels – BELGIUM

Application for Missions as : Arbitrator Mediator Expert

1. Full name (as it appears in passport):

(Last/family name)

(First name)

2. Date of birth:

(Day) (Month) (Year)

3. Place of birth

(City) (Country)

4. Citizenship

(Country(ies))

5. Sex

Female Male

6. Mailing office address for all correspondence
Complete address, including country and postal code

7. Permanent address (only if different from n° 6)
Complete address, including country and postal code

E-mail: _____

E-mail: _____

Business telephone: _____

Home telephone: _____

Mobile / Cell phone: _____

Mobile / Cell phone: _____

Fax number: _____

Fax number: _____

8. Language(s) Primarily language: _____ Language of university education: _____

Able for missions in : English Spanish French German Italian Dutch
 Chinese Arab Russ _____

9. Higher education:

_____	_____
Degree or diploma	Institution / School
_____	_____
Degree or diploma	Institution / School
_____	_____
Degree or diploma	Institution / School

10. Publications (give title, date of publication, and name of publisher /please attach an additional page, if necessary)

11. Bar membership(s) (please state jurisdiction(s) and/or membership of other (company lawyers) associations :

12. I accept missions only for following matters :

13. I accept missions confirm the Standard Dispute Rules : yes no (= only ad hoc arbitration)

14. Mission area(s) : own country Europe Asia Africa _____

15. I accept missions only : as unique arbitrator in a Court of three arbitrators

I certify that the information provided on this application and in any attached materials is true and complete. I understand and agree that it is my obligation to promptly notify the secretariat if there are any changes in the information I have provided herein.

Signature of applicant _____ Date _____