

Independent Conciliation Scheme for the Chartered Institute of Public Finance & Accountancy (CIPFA) Application Form

The party initiating an application to the Conciliation Scheme should complete this form.

Please read the Scheme Rules carefully before you fill in and return this form. Please remember that you cannot use the Scheme unless your dispute is with a CIPFA member (including firms having a CIPFA member as principal).

Fill in this form in BLOCK CAPITALS.

1 Your details

Give your details below.

Your name:		
Your address:		
Daytime telephone number:	Mobile:	Fax:
E-mail address:		

2 CIPFA Member's details

Give the CIPFA Member's details below.

CIPFA Member's name:		
CIPFA Member's address:		
Daytime telephone number:	Mobile:	Fax:
E-mail address:		

In the space below, tell us briefly what your dispute is about and what you want. You will have an opportunity to provide more detail later.

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3 Declaration

Please read the statements below before signing this form.

- I have read and understood the CIPFA Conciliation Scheme Rules.
- I am applying for you to appoint a Conciliator in line with the CIPFA Conciliation Scheme Rules
- I have tried to settle this matter through the CIPFA Member without success.
- I have not previously referred this dispute to the Courts.

Your signature:

Date:

Now forward this form to the CIPFA Member

4 Declaration

Please read the statements below before signing this form.

- I have read and understood the CIPFA Conciliation Scheme Rules.
- I am applying for you to appoint a Conciliator in line with the CIPFA Conciliation Scheme Rules
- I have tried to settle this matter through the client without success.
- I have not previously referred this dispute to the Courts.

CIPFA Member's signature:

Date:

Now forward this form to the Chartered Institute of Arbitrators, 12 Bloomsbury Square, London WC1A 2LP