

KIGALI INTERNATIONAL ARBITRATION CENTRE (KIAC)

**Application Form for Inclusion on
 KIAC Panel of Mediators**

Place a recent photograph here		For Official Use Date of Submission _____ Reference Number _____
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Title (Mr/Ms/Mrs/Dr/Pr): Family Name: _____ Given Names: _____

Date of Birth: _____ Nationality at Birth: _____ Nationality at Present: _____

Business Address: _____

Email: _____ Business Telephone: _____ Business Fax: _____

Home Address: _____

Email: _____ Home Telephone: _____ Home Fax: _____

Please indicate which address you wish to be used for correspondence:

Business **or** **Personal**

KIAC MODEL CLAUSES FOR CONTRACTS

Any dispute arising out of or in connection with this contract, including any question regarding its validity or termination shall be referred to and finally resolved by arbitration under the Rules of Kigali International Arbitration Centre (KIAC).

Academic and Professional Qualifications:

Institution:

Qualification:

Date Obtained:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fields of Special Competence:

Membership to professional Association(s)

Name of the Association(s)

Experience as Mediator/Conciliator:

Languages (E = Excellent G = Good F = Fair):

<u>Language:</u>	<u>Writing:</u>	<u>Speaking:</u>	<u>Reading:</u>	<u>Technical terminology:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Information(if any):

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Declaration

1. I understand that my data will become a part of KIAC's files and may be used for all purposes deemed necessary or useful by KIAC.
2. I declare that the information given in support of this application is accurate and complete.
3. I confirm that I am familiar with and will adhere to KIAC Code of Ethical Conduct for Mediators.
4. Any information on this form may be made available by KIAC to third parties for the purposes of appointment and selection of Mediators.

Signature : _____ **Date :** _____

Name : _____

REPLY SLIP: APPLICATION TO THE PANEL OF MEDIATORS

(Please return to KIAC once completed)

I _____ hereby authorize / do not authorize* KIAC to disclose details of my CV to those who enquire into my services as Mediator. I also authorize / do not authorize* KIAC to include details of my CV on KIAC's website for general viewing by the public.

* *delete as appropriate*

I enclose the following completed documentation for KIAC records:-

- 1) Application form;
- 2) CV

Signed _____ Date _____