

FORM 1A



NAIROBI CENTRE FOR INTERNATIONAL ARBITRATION

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APPLICATION FOR NCIA MEDIATOR PANEL STATUS

I agree, if accredited to the NCIA Mediator Panel, to be bound by the terms and conditions applicable to NCIA Mediator Panel Status and to any subsequent amendments and/or alterations thereto which may be made at the discretion of the NCIA. I understand that the NCIA is not obliged to approve this application or give reasons for non-approval.

(Please fill in all the particulars required below in block letters. If the space provided is not sufficient particulars may be given in an additional paper. Any incomplete application will not be considered)

(Tick (√) the appropriate box for selection of category: Note Regulation 3: *NCIA Arbitrator Panel Status Standard*)

Domestic Mediation Panel

International Mediation Panel

1. PARTICULARS OF APPLICANT

Name: Surname: _____ Middle Name: _____

Other: _____

Nationality (Identity Document*/Passport No*): _____
(*Attach copies)

Multiple Nationalities (if applicable specify): _____
(Identity Documents*/Passport Nos.*) (*Attach copies)

Nairobi Centre for International Arbitration - NCIA Mediator Panel Status Form

Name of Firm (if applicable): _____

Mailing address _____

Country: _____ City: _____ Postal Code: _____

Telephone () _____ Fax () _____

Email address: _____

Primary Occupation: _____

2. EDUCATION

(i) Level of Academic Qualification*

Degree or Certificate(s)	Year Awarded	Name of Institution

(ii) Mediation Training*

(iii) Other training in dispute resolution**

** Attach proof of qualification and training.*

*** (If you have been involved in such training as a facilitator, trainer or instructor, give a description of your role.)*

3. MEDIATION EXPERIENCE

a) Indicate the number of mediations, if any you have acted and the role in the areas specified in the table below;

	Commercial	Construction	Investor/State	Other (Special)
Sole Mediator				
Co- Mediator				
Counsel/Agent				

b) Provide a brief outline/profile of disputes you have handled as an Mediator:

No.	Type of Dispute (e.g Breach of Contract)	Issues	Value of Dispute	Nature of Evidence*	Duration of Dispute

c) Number of years you have acted as a Mediator? _____
(Please attach a brief resume/curriculum vitae/profile).

d) Are you a certified/accredited Mediator or listed in the panel of any other arbitral/Mediation institution? YES/NO

If yes, provide particulars _____

e) Whether currently Mediation is your primary (full-time) practice? _____

4. OTHER INFORMATION

a) Outline any other relevant experience or provide any other information which supports your application *(including where your Mediation experience involves disputes of an international character)*.

b) What is your preferred area(s) of practice as a Mediator?

* e.g. documentary, oral, witnesses.

5. DECLARATION

I understand the Nairobi Centre for International Arbitration does not provide employment for any Mediator. I also understand the decision to nominate or appoint a Mediator or Mediators to any Mediation referred to Nairobi Centre for International Arbitration is within the exclusive discretion of the Nairobi Centre for International Arbitration.

I _____ hereby declare that the information provided herein is complete and accurate. I understand that a false statement may disqualify my application from consideration and I hereby give my consent to a personal investigation in connection with this application for NCIA Mediator Panel Status.

Signature of Applicant: _____ **Date:** _____

(Please attach to the application recommendation by two references who attest to your Mediation experience. A certified/notarised Identification Document for the Referee must be attached.)

UNDERTAKING

I (.....) agree, if accredited to NCIA Mediator Panel Status, to be bound by the terms and conditions applicable to NCIA Mediator Panel Status and to comply with the Mediator Panel Status Standard, the NCIA Code of Conduct for Mediators, Nairobi Centre for International Arbitration (Mediation) Rules, 2015 or there amendments or alterations from time to time and any other professional or legal requirement to which I am subject.

Signed: _____ **Date:** _____