

deems fit and suitable.

Haaart International Court of Arbitration (HICA)

An Organ of Haaart Foundation Den Haag The Netherlands

SCHEDULE 13: CONSENT TO BE A PANELIST

A. I	hereby apply & provide	e my consent be a Panelist M	Member and serve as:
	[]Arbitrator	[]Mediator	[] Conciliator
	for HAAART Internat HICA) under	tional Court of Arbitration	(hereinafter referred to as
	[] Domestic	[] International	[] Both
	[]Judicial Panel	[]Expert Panel	Principal Panel
My 1	personal details are as f	follows:	
a.	Name (In Block Letters)		
b.	Father/ Husband Name (In Block Letters)		
c.	Occupation		
d.	Nationality		
e.	Date of Birth		
f.	Marital Status		
g.	Office Address		
h.	CityCountry		
i.	Mobile / Telephone No j. Fax No		
B. I	understand and agree that the HICA centre may, in accordance with the HICA		

Mediation/Arbitration/Conciliation Rules (as applicable), appoint me as sole arbitrator/mediator or on a panel of arbitrators/mediators in any matter that it

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C. I hereby undertake that I shall disclose any personal/pecuniary/fiduciary/financial/other interest in any matter referred to me through or by HAAART International Court of Arbitration			
D. I hereby intimate upon my availability on request for arbitration /mediation /conciliation at the following locations in the following order of priority:			
CountryStateCity			
CountryStateCity			
E. I have gone through the HICA Mediation/Arbitration/Conciliation Rules as well as the HICA Fee Structure and agree to be bound by the terms and conditions mentioned therein.			
F. I understand and agree that this consent form gives me no right/claim towards being an arbitrator/mediator in a particular case or a particular matter unless assigned to me by HICA Centre or any person authorized in this matter by HICA.			
G. I understand and agree that I shall not enter into any agreement or serve independently as a mediator/conciliator/arbitrator unless agreed upon by HICA.			
Signature of Party/Parties:			
Place Date			
For HAAART International Court of Arbitration (HICA)			
Name of the Authorized Person : Designation : Signature of the Authorized Person : Seal :			