

Application Form



Malta Arbitration Centre

Palazzo Laparelli, 33, South Street, Valletta, VLT 1100.

Tel: (00356) 21222557 Fax: (00356) 21230672

E-mail - malta.arbitration@mac.com.mt

Biographical Note for Use By The Malta Arbitration Centre

PERSONAL DETAILS

Title: _____ Name and Surname: _____

Address: _____

Date of Birth: _____

PROFESSIONAL AND EQUIVALENT QUALIFICATIONS

Profession: _____

Degree	Institution	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Warrant/s: _____

Specialisation Degrees: _____

Teaching Posts/Experience (if any): _____

QUALIFICATIONS IN ARBITRATION

A. Training Courses and Accreditation: _____

B. Acting as Representative, Assistant or Expert: _____

C. Acting as Arbitrator: _____

Biographical Note Outlining Professional Experience and Specialisation

COURT REFEREE:

Have you served as Court Appointed Referee?¹

Yes _____ No _____

If yes, for how long? _____

¹ Tick as appropriate

SECTOR/S OF SPECIAL INTEREST IN WHICH ARBITRATOR MAY ACT²:

DECLARATION

1. I confirm that the above information is correct and complete and that if appointed as arbitrator I shall carry out the duties to the best of my abilities, independently and impartially and in accordance with the provisions of the Malta Arbitration Act and any guidelines which may be issued from time to time by the Malta Arbitration Centre.
2. I agree to pursue continuing educational exercises on arbitration organized by the Malta Arbitration Centre from time to time.
3. I confirm that I am not under any disqualification to form part of the domestic arbitration panels of the Malta Arbitration Centre.
4. I hereby declare that I have read and understood the Data Protection Policy of the Malta Arbitration Centre and fully understand that:
 - a. Personnel of the Malta Arbitration Centre who are processing this information may have access to this data.
 - b. Information that would not identify me, is processed also for statistical purposes.
 - c. I have a right to see my personal information, should I ask for it in writing.
 - d. Any issue, which may arise concerning my personal data, is to be addressed to The Data Controller, Malta Arbitration Centre, 33, South Street, Valletta VLT 1100.
5. I hereby give my consent to the Malta Arbitration Centre to process, retain, disclose, record and use my personal data, which is being given herewith as a member/prospective member of the Domestic Arbitration Panels maintained by the Malta Arbitration Centre in terms of the Arbitration Act, 1996. This consent is given in compliance with the Data Protection Act, 2001 (Chapter 440 of the Laws of Malta).

Signature

Tel. No/s

Fax No/s

ID Card No.

Mobile No.

E-mail Address

Date

² Not more than three sectors should be mentioned