

SAMPLE

[Claimant v. Respondent]
(ICSID Case No. ARB/YY/#)

Please check the relevant box to indicate whether you agree or disagree with the appointment of each candidate below as the presiding arbitrator

Name of the Party:

Date:

NAME: [Name of candidate]

Agree

Disagree

NAME: [Name of candidate]

Agree

Disagree

NAME: [Name of candidate]

Agree

Disagree

NAME: [Name of candidate]

Agree

Disagree

NAME: [Name of candidate]

Agree

Disagree

NAME: [Name of candidate]

Agree

Disagree

NAME: [Name of candidate]

Agree

Disagree

Once completed, please return this form directly to <[insert email of Tribunal Secretary]>.