THE CHARTERED INSTITUTE OF ARBITRATORS

NIGERIA BRANCH

Branch Secretariat: 5B, Kunle Ogunba Street, Off Jeremiah Ugwu, Off Babatunde Anjous, Off Admiralty Way, Lekki

Phase One, Lagos.

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**INTRODUCTION TO DOMESTIC ARBITRATION (ONLINE)**

**THE CHARTERED INSTITUTE OF ARBITRATORS HAS APPROVED THE**

**INTRODUCTION TO DOMESTIC ARBITRATION TO BE HELD ONLINE BETWEEN**

**14TH – 15TH OCTOBER 2021**

**SUCCESSFUL COMPLETION OF THE COURSE WILL LEAD TO ASSOCIATE MEMBERSHIP OF THE INSTITUTE**

***Course Content***

The Course is aimed at those with little or no knowledge of arbitration and is a means of qualifying as an Associate member of the Chartered Institute. It consists of lectures covering the practice and procedure of arbitration, demonstration of preliminary meeting and arbitration hearing followed by an online based test comprising of 60 multiple choice questions.

**Information on what to expect:**

* Upon payment of the course fee of **N80,000.00**, online test fee of **£72 (Seventy Two Pounds) and completion of the course** you will be given log-in and password details to access the Assessment. Please note that the fees are subject to change.
* On passing the Assessment, you will be invited to print your own certificate.
* You will then have the opportunity to apply for ACIArb Membership and to consider proceeding along one of the training and qualification Pathways.

***Who should attend?***

All professionals and graduates wishing to gain an introductory knowledge to arbitration as well as wishing to become eligible for Associate membership of the Chartered Institute of Arbitrators

***Course Date 14th –15th October, 2021***

***Venue: ONLINE***

***Fees***

**N80,000.00 to cover tuition, tutorials, course documentation and materials.**

***£72 for online assessment at the prevailing exchange rate.***

Payment can be done by bank deposits or transfer to the Institute UBA Account No. 1007123970 for tuition and UBA Bank Domiciliary Account No. 3002894213 for online assessment. The account name is Chartered Institute of Arbitrators.

***Application Forms and Registrations***

Forms can be downloaded online at [www.ciarbnigeria.com](http://www.ciarbnigeria.com) or by request via email to ciarbnigeria@gmail.com or by visiting the Secretariat at 5B, Kunle Ogunba Street, Off Jeremiah Ugwu, Off Babatunde Anjous, Off Admiralty Way, Lekki Phase One, Lagos, Nigeria. Tel. 01-4530961, or 08034644338. Application Forms should be completed and returned with evidence of payment on or before 30th September, 2021.

**Note: Registration is subject to space availability.**

***Cancellation Charges***

In the event of a cancellation, which must be made in writing, the following charges will apply:

*4 weeks to the course 10%*

*2 weeks to the course 25%*

 *Less than 2 weeks – full fee*

*A delegate* may also *defer to the next available date. Deferment of two weeks or less to the course will attract a 50% penalty.*

**Mrs. Obosa Akpata, Chartered Arbitrator Mrs.Yejide Osunkeye, FCIArb**

**Chairman, Training Committee Branch Secretary**

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**Introduction to Domestic Arbitration**

**17th – 18th June 2021 (Online)**

**Registration Form**

I wish to register for the above Course and thereafter apply for Associate Membership of the Chartered Institute of Arbitrators.

Registration fee is payable in advance.

**USE BLOCK LETTERS**

**Title: Mr., Mrs, Miss, Chief, Dr., Prof.**

First Name (Block Capitals) …………………………………………………………………………….

Middle Name (Block Capitals) ……………………………………………………….…………………

Surname (Blocks Capitals) ……………………………………………………….…………………….

Date of Birth ……………………………………………………………….………………………….

Physical Address ………………………………………………………….…………………………….

 Tel. No: ………………………….. …………….. E.-mail…………..………………………………

Primary Profession /Trade ………………………………………………………………………………

Qualifications ……………………………………………………………………………………………

Firm/Organisation ……………………………………………………………………………………….

I have read and understood the booking terms and conditions

Signature: …………………………………. Date: ………………………………………..

***For Official Use only:***

*Date of Receipt of Application*

*Receipt No:*

*Date Workbook forwarded:*

*Payment details*