

APPLICATION FORM TO JOIN THE FCC ARBITRATION & APPEAL PANEL



PART I - TO BE COMPLETED BY THE APPLICANT

1. Name of Applicant: -
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2. Mailing / Office Address: -
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Country:

Tel No.....

Office E-Mail.....

Private E-mail:

3. I apply to become a technical arbitrator for cocoa beans ☐
I apply to become a technical arbitrator for cocoa products ☐

4. I apply to become a quality arbitrator for cocoa beans ☐
I apply to become a quality arbitrator for cocoa products ☐

5. Current Employer (must be either a Voting or Associate Member of the FCC)
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6. General Experience

6.1 How many years have you been in the cocoa trade?

6.2 Do you have previous experience of commodity arbitrations? If so, please give details
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6.3 Do you have any legal training? If so, please provide brief details.
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6.4 How would you assess your knowledge of the English language?

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6.5 How would you assess your knowledge of the French language?

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6.6 Other languages (please specify level of proficiency)

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7. QUALITY

7.1 For how many years have you been assessing cocoa quality?

7.2 In the case of cocoa bean quality assessment, what is the frequency?

once a week ☐ once a month ☐ once a year ☐

7.3 Have you read the FCC Quality Rules?

Yes ☐ No ☐

7.4 Have you read the FCC Arbitration & Appeal Rules?

Yes ☐ No ☐

8. OTHER THAN QUALITY

8.1 Have you been involved in commercial transactions for cocoa beans and/or cocoa products?

Yes ☐ No ☐

8.2 If so, for how many years?

8.3 Have you been involved in the execution of commercial transactions for cocoa beans and/or cocoa products?

8.4 If yes, for how many years?

8.5 Have you read the FCC Contract Rules?

Yes ☐ No ☐

8.6 Have you read the FCC Arbitration & Appeal Rules?

Yes ☐ No ☐

9. Training

Have you completed any compulsory FCC Arbitrator Training Course?

Yes ☐ No ☐

If yes, please specify date

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10. Description of any other relevant information about the applicant

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11. APPLICANT'S DECLARATION

I hereby apply to become an Arbitrator of the Federation of Cocoa Commerce Ltd and, if approved, I agree to abide by the FCC Arbitration & Appeal Rules and the 1996 Arbitration Act.

I understand that the Federation relies on e-mail notification to its arbitrators and I confirm that the e-mail address supplied is valid and remain private for all communications related to arbitrations.

NAME (in block capitals)

SIGNED:

DATE:

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PART II - TO BE COMPLETED BY THE APPLICANT'S EMPLOYER (EITHER A VOTING OR ASSOCIATE MEMBER OF THE FCC)

1. Name and address of the Company

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2. We hereby nominate the Applicant whose details are set out in Part I of this Form to become an FCC Arbitrator.

3. We understand that we are responsible for all the information and statements provided by the applicant and undertake to notify the Federation of any change in the circumstances stated in Part I of this Form.

4. We undertake to ensure that the applicant is fully familiar with and will abide by all the FCC Rules and Regulations.

6. NAME (in block capitals).....

SIGNED:
(Director/Company Secretary/Authorised Company Signatory)

DATE: