

DRS/CAP

RICS Dispute Resolution Service (DRS)

Request for the appointment of a CAP Dispute Panel

General information:

- This form is to be used to apply for the appointment by RICS of an impartial CAP Dispute Panel
- This application form and any accompanying documents may be copied to potential CAP Panellists and the other party to the contract
- Please submit the completed application form to drs@rics.org
- If you have any queries, please email drs@rics.org or telephone 020 7334 3806.

Applicant/Referring party

Firm Name: _____

Primary point of contact – full name: _____

Business Address: _____

Town/City: _____ Postcode: _____

Email: _____ Telephone: _____

Non-applicant/Respondant

Firm Name: _____

Primary point of contact – full name: _____

Business Address: _____

Postcode: _____

Town/City: _____ Telephone: _____

Email: _____

Panel configuration?

Do you seek a CAP Panel of 1 or 3 people? ☐ One ☐ Three

Description of issue(s)

Please provide the following information:

- Brief description of the contract works including location
- A description of the issue(s) on which the parties seek recommendations from the CAP Panel
- Details of provisions in the contract which are relevant to the issue(s)
- Details of any relief sought and basis for claiming said relief

Value of any potential claim

What would the value of the claim be, were it to proceed to more formal methods of dispute resolution?

Agreed Dispute Panel members

If the parties have agreed one or more potential members of the Dispute Panel to be appointed by RICS, please mention them here, together with a brief explanation for this preference.

Updated Conflict of Interest

Please provide information relating to new circumstances not noted when the Dispute Panel was established, concerning:

- a. All parties, including any parent, subsidiary, or related entities,
- b. Any members of the project panel impacted by them

Individual	Firm	Reason

Application submitted by:

I/We request RICS to appoint an impartial and qualified CAP Dispute Panel to assist in the matter(s) described in this application. I confirm I have read and understood the RICS CAP Rules, available on the [RICS website](#).

Signature: _____

Name: _____

Firm name: _____

Date: _____

Signature: _____

Name: _____

Firm name: _____

Date: _____

Your Privacy

We understand that your privacy and the security of your personal information is extremely important. This [Privacy Policy](#) sets out what we do with your personal information, what we do to keep it secure, from where and how we collect it, as well as your rights in relation to the personal information we hold about you.