



CURRICULUM VITAE

For the confidential use of the ICC International Court of Arbitration and communication to the parties. To be completed in English.

Personal information

Mr. Mrs. Miss Ms.

Family Name(s): _____

Given Name(s): _____

Date of birth: _____

Nationality(ies): _____

Personal Address:

Address: _____

ZIP / City: _____

Country: _____

Telephone: _____ Telefax: _____

E-Mail: _____

Business Address:

Company or firm name where applicable: _____

Address: _____

ZIP / City: _____

Country: _____

Telephone: _____ Telefax: _____ Mobile: _____

E-Mail: _____

Website: _____

Please indicate which address you wish to be used for any correspondence:

Personal Business

Please indicate which email you wish to be used for all notifications and communications:

Personal Business

Case N° _____

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Academic Degrees / Qualifications *(Use separate sheet if necessary)*

Current Professional Activity(ies) and Position(s) *(Use separate sheet if necessary)*

Professional Experience *(Use separate sheet if necessary)*

Additional Information *(Use separate sheet if necessary)*

Languages

Mark all languages, including your native language, in which you consider yourself able to conduct an arbitration and to draft an award without the assistance of an interpreter or translator:

- | | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Other: _____ | | | |

Please indicate other languages of which you have good knowledge:

Use one of the following options to sign the document:

- 1) Copy your signature from a Word document and paste it in this form.
- 2) Draw your ink signature ([click here for further assistance](#)).
- 3) Add your electronic signature.
- 4) Print the form, sign it and scan it.

Date: _____

Signature: _____

Disclaimer: The information requested in this form will be considered by the ICC for its Dispute Resolution Services, and will be stored in case management database systems. Pursuant to the French Law on "Informatique et Libertés" of 6 January 1978, particularly Articles 32 and 40, you may access this information and ask for rectification by writing to the Court's Secretariat.



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Family Name(s): _____

Given Name(s): _____

Fields of Legal Expertise (Use separate sheet if necessary)

- Civil law specify jurisdiction(s): _____
- Common law specify jurisdiction(s): _____
- European law
- International law
- Islamic law specify jurisdiction(s): _____
- Other laws please specify: _____

Specialisation (Mark the appropriate box or boxes)

- | | |
|---|---|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Information and Communication Technologies |
| <input type="checkbox"/> Agency (Representation) | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Competition | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Construction, Engineering | <input type="checkbox"/> Investment / Public International Law |
| <input type="checkbox"/> Corporate Law / M&A | <input type="checkbox"/> Joint Ventures, Consortia, Cooperation |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Maritime |
| <input type="checkbox"/> Distribution, Franchising | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Energy and Natural Resources | <input type="checkbox"/> Sales, Purchases |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Finance and Banking | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Other: _____ | |

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Arbitration Experience

Number of arbitration cases in which you have acted as:

		Chair of tribunal	Sole arbitrator	Co-arbitrator	Party's Counsel	Secretary/ Emergency Arbitrator/ Other
International Institutional Arbitration	ICC					
	Other					
International <i>Ad Hoc</i> Arbitration						
Domestic Arbitration						

Other Alternative Dispute Resolution Experience *(Use separate sheet if necessary)*

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