

AUTHORISATION for DISBURSEMENT of SECURITY DEPOSITS

SAMPLE FORM: FOR USE BY DISPUTE RESOLVERS

Trust Account No.

SECURITY DEPOSITS LODGED	
PARTY	\$ _____
PARTY	\$ _____
PARTY	\$ _____
PARTY	\$ _____
Less amounts disbursed to date: Administration fee: \$ _____	
Nominee fee 10%: \$ _____	
Dispute Resolvers fee: \$ _____	
Other: \$ _____	
BALANCE OF SECURITY DEPOSITS LODGED	\$ _____

TO Institute of Arbitrators & Mediators Australia
PO Box 11111 Sydney NSW 1585

FROM _____
Dispute Resolver

INSTRUCTION Pursuant to the express authority of the parties. I/We hereby authorise payment of the following expenditure:

DISPUTE RESOLVERS FEES & EXPENSES

ADMIN FEES	\$ _____
NOMINEE FEES	10% of professional fees in Institute Nominations \$ _____
FEES/EXPENSES	\$ _____

BALANCE TO BE DISBURSED AS FOLLOWS

PAYABLE TO	\$ _____
PAYABLE TO	\$ _____
PAYABLE TO	\$ _____
PAYABLE TO	\$ _____

TOTAL DISBURSEMENTS \$ _____

BALANCE IN TRUST \$ _____

OTHER INSTITUTE FEES NOT PAID FROM TRUST ACCOUNT

ROOM HIRE	\$ _____
NOMINATION FEES	\$ _____

_____/_____/_____
Date Signature of Dispute Resolver

NOTE Any special instructions will be covered by a separate letter