

you please complete the remainder of this form, sign and date it, and email it to secretariat@apiex.org.

Applicant Reference Form

REFERENCE FOR:						
Name of Expert						
Name of firm/company (if applicable)						
Address						
Telephone Number						
Specialist Field						
The above-named person has applied for membership of Asia Pacific Institute of Experts and has given your name as a referee. Can						

Referee's Details:

Referee's Name	
Professional Title	
Organisation	
Address	Postal Code
Telephone Number	Email

Please answer all the following questions:

1. Has the expert named above reported in writing to you or your firm in the last three years? If YES, please complete the remainder of this form.			Yes	No	
2. The Report Yes				No	N/A
	a.	Did the expert show knowledge of the identified issues?			
	b.	Did the expert keep to the agreed timescale?			
Please rate your answers to the following questions into one of these categories: Poor				Fair	Good
	c.	How accurate was the report in terms of factual content?			
	d.	How objective was the expert's analysis of the facts?			
	e.	How clear and well-presented was the report?			
	f. Did the report comply with the relevant procedural rules?			Yes	No
Con	nme	ents, if any:			
3. Oral Evidence			Yes	No	
a. Was the expert required to give oral evidence in Court? (Court includes all civil and criminal courts, as well as any tribunal, arbitration, and inquest).					
	b.	At what Court was oral evidence presented?			



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4. Please rate the expert's: Poor						r Good	
a. Understanding of Court procedure and requirements							
b. Delivery in chi							
c. Delivery under cross-examination							
d. Content	d. Content						
e. Appearance ar	ıd manner						
5. Did the judge or Chairman of the Tribunal or anyone else make any adverse comment regarding the expert's report, or oral evidence?					ng Yes	s No	
If so, please outline	e the comments. and t	he circumstances.					
6. Recommendation:				Ye	s No		
Would you use this expert again in a similar case, or recommend this expert to someone else?							
7. Please add anythi	ng you wish to be con	sidered in connection v	vith the expert	s application fo	r members	hip.	
Signature			Name				
	Signature of the person submitting this form (print)		Name of the perso (print)	n submitting	this form		
Date of signature	MM DD	YY					

PLEASE COMPLETE & SUBMIT THIS FORM TO: Asia Pacific Institute of Experts

12 Eu Tong Sen Street #08-169 soho2 Singapore 059819 Email: secretariat@apiex.org Tel: +65-65512799