

MEDIATION REQUEST

REQUEST FORM

ANNEX A

PARTIES' REQUEST

Have all the parties agreed to mediate this matter?

YES

NO

Remarks:-

FILING FEE

INITIATING PARTY - CONTACT PARTICULARS

SALUTATION(IF APPLICABLE) : MR MRS MS OTHERS

NAME :

ADDRESS :

CONTACT : TEL: FAX:

EMAIL ADDRESS :

CONTACT PARTICULARS (LEGAL REPRESENTATIVES / EXPERTS)

SALUTATION(IF APPLICABLE) : MR MRS MS OTHERS

NAME :

ADDRESS :

CONTACT : TEL: FAX:

EMAIL ADDRESS :

REFERENCE NUMBER :

RESPONDENT CONTACT PARTICULARS

SALUTATION(IF APPLICABLE) : MR MRS MS OTHERS

NAME :

ADDRESS :

CONTACT : TEL: FAX:
 EMAIL ADDRESS :

CONTACT PARTICULARS (LEGAL REPRESENTATIVES / EXPERTS)

SALUTATION(IF APPLICABLE) : MR MRS MS OTHERS
 NAME :
 ADDRESS :
 CONTACT : TEL: FAX:
 EMAIL ADDRESS :
 REFERENCE NUMBER :

DETAILS OF THE DISPUTE

IF COURT PROCEEDINGS HAVE STARTED, PLEASE TICK THE APPLICABLE BOX:-

PLAINTIFF DEFENDANT THIRD PARTY

QUANTUM OF CLAIM : S\$
 QUANTUM OF COUNTERCLAIM : S\$
 NATURE OF CLAIM :
 BRIEF DETAILS OF THE DISPUTE :
 ANY LEGAL SUIT :
 DETAILS OF LEGAL SUITS & ITS STATUS :

AVAILABLE DATES – FOR MEDIATION

[Please provide a few available dates]

MEDIATOR PREFERENCES

A. CHOICE OF MEDIATOR (PLEASE NOTE THAT WHEN PARTIES CHOOSE THEIR OWN MEDIATOR, THE SELECTED MEDIATOR(S) IS / ARE ENTITLED TO CHARGE HIS / HER COMMERCIAL RATES)

NAME:

OR

B. PARTIES WISH FOR IIM TO APPOINT APPROPRIATE MEDIATOR(S):

1. MEDIATOR
 2. MEDIATORS

APPLICANT'S NAME	_____
SIGNATURE	_____
DATE	_____

Please note that the non-refundable filing fee of \$100.00 (GST, if applicable) per party will be payable within three (3) working days after iiM acknowledges the receipt of this request.

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