

REQUEST TO MEDIATE - FORM A

(As per Rule 2 of the CAMP Mediation Rules, 2016)

[insert date]

To,

CAMP Case Manager
Centre for Advanced Mediation Practice
46, First Floor, 36th Main,
BTM Dollar Scheme
Bangalore - 560068

RE: Request to Mediate, Reference no: _____ (to be filled by CAMP)

I/WE, would like to request for mediation at CAMP to resolve the differences that have arisen between me/us and _____ (*name(s) of other party(ies)*). My/our address and contact information along with a brief description of the dispute are as set out in Annex 1(A) to this Request to Mediate – Form A. I/We agree to comply with the CAMP Rules of Mediation, 2016.

****The para mentioned below is applicable only if all parties to the dispute have not agreed to the mediation process and CAMP is required to follow up with the other parties hereinafter called the responding party(ies) under Rule 2 (ii). Please strike off the para below, if inapplicable.***

I/WE request CAMP to formally send a copy of this Request to Mediate – Form A on my/our behalf and invite the responding parties set out in Annex 1 (B) to amicably try and resolve our dispute through mediation and to confirm their participation to the mediation process.

Sincerely,

Name:
Date:

Name:
Date:

ANNEX 1 (A)

DETAILS OF PARTIES AND PARTICULARS OF THE DISPUTE
(reference number: _____)

DETAILS OF REQUESTING PARTIES (details of all requesting parties/authorized representatives* to be provided in the same format)	
Party :	Counsel and Law Firm (if applicable):
Name:	Name(s):
Address:	Address:
Contact:	Contact:
Tel:	Tel:
Fax:	Fax:
Mobile:	Mobile:
Email:	Email:

**In case representation in mediation is by authorized representatives, details of their authorization (Board Resolution /Power of attorney/document of authority) shall be submitted to CAMP prior to the mediation.*

BRIEF PARTICULARS OF THE DISPUTE:

ANNEX 1 (B)

*DETAILS OF RESPONDING PARTIES (IF APPLICABLE): (details of all responding parties to be provided in the same format)	
Party :	Counsel and Law Firm (if applicable):
Name:	Name(s):
Address:	Address:
Contact: Tel: Fax: Mobile: Email:	Contact: Tel: Fax: Mobile: Email: