

ACCEPTANCE / NON - ACCEPTANCE TO MEDIATE – FORM B*

<p>I, [insert name of the responding party(ies) or authorized representative(s)** of the party, if applicable] agree / disagree(Please tick the relevant option) to mediation in reference number _____ as per the CAMP Rules of Mediation, 2016.</p> <p><i>* Form B to be returned to the registered CAMP address at Centre for Advanced Mediation Practice, First Floor, 46, 36th Main, BTM Dollar Scheme, Bangalore – 560068, Karnataka.</i></p> <p>** 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.</p>
<p>Name:</p> <p>Signature</p>
<p>Date:</p>

If you agree to mediation please provide the details required below:

Party:	Counsel and Law Firm (if applicable)
Name:	Name(s):
Address:	Address:
Contact:	Contact:
Tel:	Tel:
Fax:	Fax:
Mobile:	Mobile:
Email:	Email:

BRIEF PARTICULARS OF THE DISPUTE: