**MEDIATION REQUEST FORM**

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| 1. **CONTACT DETAILS OF PARTIES** | | | |
|  | **Party A (Requesting Party)** | | **Party B** |
| Name: |  | |  |
| Nationality / Country of Establishment: |  | |  |
| If an entity, Country of Parent Company or Head Office (if any): |  | |  |
| Represented by (Law Firm): |  | |  |
| Name of Lead Counsel: |  | |  |
| Contact number: |  | |  |
| Email address: |  | |  |
| Mailing address: |  | |  |
| 1. **CONDUCT OF MEDIATION (\* Delete inapplicable)** | | | |
| * Name of agreed Mediator(s) in order of preference (if more than one) \*: * SIMC appointed mediator\* | | Manner of Conduct:   * In-Person \* * Online \* * Hybrid \*   \* One Party online – counsel in-person  \* One Party and counsel both online | Additional details:   * Language: * Mediation start time between 8.30 a.m. – 10.00 a.m. Singapore time? Yes / No \* * Other requirements (if any): |
| 1. **AGREEMENT TO MEDIATE** | | | |
| The parties have agreed to refer their dispute to mediation at SIMC.  The parties have not agreed to refer their dispute to mediation at SIMC and Party A will be approaching the other party / parties for agreement.  The parties have not agreed to refer their dispute to mediation at SIMC and requests that SIMC approach the other party / parties for agreement. (Please provide email addresses.) | | | |
| 1. **REQUESTED DURATION OF AND AVAILABILITY FOR MEDIATION** | | | |
| Requested duration of mediation: \_\_\_\_\_\_\_\_\_\_ day(s)  Parties’ preferred date of mediation:  Parties’ other available dates of mediation: | | | |
| 1. **OTHER PROCEEDINGS ON THE SAME MATTER (IF ANY)** | | | |
| Court litigation in Singapore  Court litigation outside Singapore  Arbitration at Singapore International Mediation Centre (“SIAC”)  Arbitration other than at SIAC | | | |
| 1. **DESCRIPTION OF DISPUTE** | | | |
| Please provide a brief description of the dispute, including the following details:   * Nature of dispute: | | | |
| * Dispute value quantum including counterclaims, if any (estimate if no definite quantum): | | | |
| * Any other relevant information: | | | |
|  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Requestor’s Signature Date  Name: | | | |
| Please complete this form and return it to [registry@simc.com.sg](mailto:registry@simc.com.sg) and provide a copy to the other parties to the mediation. You can also call us directly at +65 9456 3717 if you have any queries. | | | |