

Ref: \_\_\_\_\_

**\*Please Note:**

**To be completed by the Initiating Party and attached together with a list of dispute details plus \$20 non refundable Processing Fee & \$100 Mediation Service Fee. \$100 Mediation Service Fee will be refunded only if the Mediation session did not proceed.**

**(A) Particulars of Initiating Party**

Full Name: \_\_\_\_\_

NRIC No./IEA M'ship No.: \_\_\_\_\_

CEA Reg. (if applicable): \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No./Email: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Have you initiated any Legal Proceedings against the Responding Party. (Please Tick)

No

Yes Please specify: \_\_\_\_\_

**(B) Particulars of Responding Party**

Full Name: \_\_\_\_\_

NRIC No./IEA M'ship No.: \_\_\_\_\_

CEA Reg. (if applicable): \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No./Email: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Please tick after you have read and agree to the claused below.

I agree that there would be no refund of the Mediation Service Fee once the mediation session is agreed by the responding party to proceed with the mediation session.

\_\_\_\_\_ Date

\_\_\_\_\_ Initiating Party's Name / Signature

