**ANNEX A: REQUEST FOR MEDIATION**

**THE LAW SOCIETY MEDIATION SCHEME**

28 Maxwell Road

#01-03 Maxwell Chambers Suites

Singapore 069120

Tel: (65) 6538 2500   Fax: (65) 6533 5700

Email: adr@lawsoc.org.sg   Website: www.lawsociety.org.sg

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| **INTRODUCTION** |
| 1. This form must be sent by Party 1 (“Applicant”) requesting mediation to all other parties of the proposed mediation.
2. Parties who wish to apply for mediation under **THE** **LAW SOCIETY MEDIATION SCHEME** (“LSMS”) must complete this Request for Mediation.
3. This Request for Mediation must be submitted to the Law Society of Singapore. The Law Society of Singapore will advise of the method for payment of the Administration Fee once we have received your completed Request for Mediation form.
4. No Request for Mediation will be processed unless all fields (except the optional Nomination of Senior Mediator) are completed.
5. If this form is not submitted jointly by all parties, the Applicant requesting mediation shall send a copy of the Request for Mediation to the other party or parties.
6. Once you have completed this form, please email it to adr@lawsoc.org.sg.
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| **AGREEMENT TO MEDIATE** |
| Have all the parties agreed to mediate this matter? [ ]  Yes  [ ]  NoRemarks: Was the agreement to mediate contained in a prior agreement? [ ]  Yes  [ ]  NoIf yes, please attach the agreement. |
| **PARTICULARS**  |
| Party 1 (“Applicant”) | Name of Party 1:Contact No.:Address:Email Address:Language spoken and written: English/Mandarin/Malay/Tamil/others, please state:Law firm representing Party 1 (if applicable):Contact No.:Fax:Address:Email Address:Reference No.: |
| Party 2 | Name of Party 2:Contact No.:Address:Email Address:Language spoken and written: English/Mandarin/Malay/Tamil/others, please state:Law firm representing Party 2 (if applicable):Contact No.:Fax:Address:Email Address:Reference No.: |
| Party 3 | Name of Party 3:Contact No.:Address:Email Address:Language spoken and written: English/Mandarin/Malay/Tamil/others, please state:Law firm representing Party 3 (if applicable):Contact No.:Fax:Address:Email Address:Reference No.: |
| Additional Parties(if any) |  |
| **NOMINATION OF SENIOR MEDIATOR****(OPTIONAL - Please refer to Article 4.3 of the Law Society Mediation Scheme Rules)** |
| Senior Mediator from the LSMS Panel of Mediators | Name:Law Firm: |
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| **DETAILS OF THE DISPUTE**  |
| Quantum of claim: S$ Quantum of counterclaim: S$ Others:  |
| **NATURE OF DISPUTE****(Please provide brief details of the dispute)** |
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| **AVAILABLE DATES FOR MEDIATION****(Please provide a few mutually agreed dates no earlier than 30 calendar days from the date the Request for Mediation is submitted)** |
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| **SIGNATURE** |
| Applicant’s Name and Signature:  |  |
| Date:  |  |

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| **FOR OFFICIAL USE** |  |
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