



THE BANGALORE INTERNATIONAL MEDIATION, ARBITRATION & CONCILIATION CENTRE

CLAIM FORM FOR DISPUTE RESOLUTION THROUGH MEDIATION/CONCILIATION

The Statement of Claim shall be divided into the following parts:

I. PARTICULARS OF CLAIMANT/S

- i. Name
- ii. Address
- iii. Email id/s
- iv. Telephone Nos. (Country code, local code and No.)
.....
- v. Mobile Telephone Nos., if any (Country code, local code and No.)
.....

II. PARTICULARS OF AUTHORISED REPRESENTATIVE/S OF CLAIMANT/S

- i. Name
- ii. Address
- iii. Email id/s
- iv. Telephone Nos. (Country code, local code and No.)
.....
- v. Mobile Telephone Nos., if any (Country code, local code and No.)
.....

III. PARTICULARS OF RESPONDENT/S

- i. Name
- ii. Address for communication
- iii. Alternative address for communication (if any)
- iv. Email id/s
- v. Telephone Nos. (Country code, local code and No.)
.....
- vi. Mobile Telephone Nos., if any (Country code, local code and No.).....

IV. STATEMENT OF FACTS:

V. CLAIMS:

(ARRANGE IN ORDER WITH DETAILS)

UNDERTAKING

The parties state that they have read and understood the Mediation and Conciliation Rules of the Bangalore International Mediation, Arbitration and Conciliation Centre and undertake to abide by the same and declare that they indemnify the Centre, its officers, staff, Executive Board members, Executives and the Mediator/s as per Rule 26 of the said Rules and undertake to pay the fees of the Centre and the Mediator.

Place:

Date:

(SIGNATURE)

FOR THE USE OF THE REGISTRY

DATE OF REGISTRATION OF THE DISPUTE:.....

NATURE OF ADR: MEDIATION / CONCILIATION / NEUTRAL EVALUATION
COLLABORATIVE SETTLEMENT

NAME OF THE NEUTRAL:.....

CO-ORDINATES OF THE NEUTRAL:.....

CATEGORY OF THE NEUTRAL:.....