

## REQUEST FOR MEDIATION

**Malaysian Mediation Centre**  
c/o Bar Council  
No. 15, Leboh Pasar Besar  
50050 Kuala Lumpur

**BY FAX (03-20316640)**

Total no. of page (s): \_\_\_\_\_  
(inclusive of this page)

**WITHOUT PREJUDICE**

Date:- \_\_\_\_\_

|               |   |
|---------------|---|
| Instructions: | <p><b><u>ALL</u></b> parties to a dispute have to complete and send the signed copies of the following to the <b>Malaysian Mediation Centre</b> (“MMC”)</p> <ol style="list-style-type: none"><li>1. Mediation will be set down for one (1) working day only. Parties will be notified of the mediation date in writing. The MMC reserves the right to reject any application.</li><li>2. Parties who are attending the mediation with / without their Solicitors should have the necessary authority to settle the matter.</li></ol> |
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### **Section 1- Case Particulars**

Suit No(s): \_\_\_\_\_

In the \_\_\_\_\_ Court in \_\_\_\_\_

Date of Pre-Trial Conference: \_\_\_\_\_ before \_\_\_\_\_  
(if any) (dd/mm/yy) (name)

### **Section 2- Mediation Session**

Possible Mediation Dates: - (dd/mm/yy) :- \_\_\_\_\_  
(dd/mm/yy) :- \_\_\_\_\_  
(dd/mm/yy) :- \_\_\_\_\_

**Section 3- Solicitor (s)' Particulars**

|              |  |
|--------------|--|
| Instructions | If space below is insufficient, please give details on a photostated sheet of this page. |
|--------------|--|

|                             |   |
|-----------------------------|---|
| Name of Solicitor(s):       | _____   |
| Name and address of firm:   | _____<br>_____<br>_____                               |
| Tel No.                     | _____ Fax No. _____                                   |
| Your File Reference No.:    | _____   |
| Name of Client(s)           | _____<br>who is/are the _____<br>in the above matter. |
| No. of person(s) attending: | Solicitor(s) _____ Client(s): _____                   |

|                             |   |
|-----------------------------|---|
| Name of Solicitor(s):       | _____   |
| Name and address of firm:   | _____<br>_____<br>_____                               |
| Tel No.                     | _____ Fax No. _____                                   |
| Your File Reference No.:    | _____   |
| Name of Client(s)           | _____<br>who is/are the _____<br>in the above matter. |
| No. of person(s) attending: | Solicitor(s) _____ Client(s): _____                   |

**Section 4 – Background of Dispute**

|   |   |
|---|---|
| <p><u>Nature of Dispute</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Agency</li><li><input type="checkbox"/> Banking/ Financial Instruments</li><li><input type="checkbox"/> Construction</li><li><input type="checkbox"/> Corporate / Company/ Shareholders</li><li><input type="checkbox"/> Defamation</li><li><input type="checkbox"/> Family or Matrimonial Matters</li><li><input type="checkbox"/> Employment</li><li><input type="checkbox"/> Community Disputes</li><li><input type="checkbox"/> Hire-Purchase</li><li><input type="checkbox"/> Insurance</li><li><input type="checkbox"/> Intellectual Property</li><li><input type="checkbox"/> Partnership/ Joint Venture</li><li><input type="checkbox"/> Personal Injury or Death</li><li><input type="checkbox"/> Probate &amp; Estate Matters</li><li><input type="checkbox"/> Professional Malpractice</li><li><input type="checkbox"/> Sale and Purchase of Property</li><li><input type="checkbox"/> Sale or Supply of Goods and Services/Title of Goods</li><li><input type="checkbox"/> Tenancy</li><li><input type="checkbox"/> Negligence (eg. Misrepresentation, Assault and Battery)</li><li><input type="checkbox"/> Others:</li></ul> <p>_____</p> <p>_____</p> <p><u>For dispute (s) involving monetary claims:-</u></p> <p>The dollar amount contested is:</p> <p>Claim: RM _____</p> <p>Counterclaim: RM _____</p> | <p><u>Please give details of the dispute.</u></p> <p>[Brief details would suffice at this stage as information is required for the purpose of appointment of mediator(s) only.]</p> |
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