



**REQUEST FOR MEDIATION**

CIAC-F-SVD-003 || Rev. 0 || 19/11/2018

**I. The Parties**

**CLAIMANT**

NAME OF COMPANY : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

Filed at:  CIAC Office  
 CIAP Window: \_\_\_\_\_  
 DTI Regional Office: \_\_\_\_\_  
 Type of Contract:  Government  
 Private

**RESPONDENT**

*accomplish back portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

**II. Nature of Dispute**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Delays/Liquidated damages   | <input type="checkbox"/> Change Orders        | <input type="checkbox"/> Breach of contract documents |
| <input type="checkbox"/> Payment default             | <input type="checkbox"/> Rectification costs  | <input type="checkbox"/> Others (please specify)      |
| <input type="checkbox"/> Violation of specifications | <input type="checkbox"/> Release of retention | _____   |

Is there a Mediation Agreement in the contract?  Y  N.  
 If none, please accomplish the attached MEDIATION AGREEMENT (CIAC-F-SVD-004).

**III. Choice of Mediators:** Maximum of Three [3] Nominees (**By Order of Preference**)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**IV. Sum in Dispute:** \_\_\_\_\_  
 \_\_\_\_\_ ( \_\_\_\_\_ )

**V. Documents Required:** Please submit the following in 2 copies

- |  |   |
|--|---|
| <input type="checkbox"/> Case Abstract/Relief Sought                                       | <input type="checkbox"/> Authority to Stipulate and to Compromise             |
| <input type="checkbox"/> Construction Contract   | <input type="checkbox"/> Documents establishing the circumstances of the case |
| <input type="checkbox"/> Mediation Agreement (if no mediation clause/subsequent agreement) |   |

**Signature over Printed Name of  
Claimant/Authorized Representative**

Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Signature over Printed Name of  
Respondent/Authorized Representative<sup>1</sup>**

Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

<sup>1</sup>In case of joint submission/filing, Respondent/Authorized Representative has to sign the Request for Mediation

**FOR CIAC USE ONLY**

Date Filed: \_\_\_\_\_  
 Case No.: \_\_\_\_\_  
 Deposit Paid: \_\_\_\_\_  
 O.R. No.: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Remarks: \_\_\_\_\_



## REQUEST FOR MEDIATION

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### RESPONDENT

*accomplish back portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

### RESPONDENT

*accomplish back portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

### RESPONDENT

*accomplish back portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

**Signature over Printed Name of  
Respondent/Authorized Representative<sup>1</sup>**

Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Signature over Printed Name of  
Respondent/Authorized Representative<sup>1</sup>**

Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Signature over Printed Name of  
Respondent/Authorized Representative<sup>1</sup>**

Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
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 Contact No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

<sup>1</sup>In case of joint submission/filing, Respondent/Authorized Representative has to sign the Request for Mediation