



REQUEST FOR MEDIATION

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

I. The Parties

CLAIMANT

Filed at: <input type="checkbox"/> CIAC Office <input type="checkbox"/> CIAP Window: _____ <input type="checkbox"/> DTI Regional Office: _____ Type of Contract: <input type="checkbox"/> Government <input type="checkbox"/> Private

NAME OF COMPANY : _____
 BUSINESS ADDRESS : _____
 TELEPHONE NUMBER : _____

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

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

III. Sum in Dispute: _____ (_____)

IV. 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 Representative¹**

Position: _____
 Business Address: _____

 Contact No.: _____
 Email Address: _____

FOR CIAC USE ONLY

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

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



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 BUSINESS ADDRESS : _____
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**Signature over Printed Name of
Respondent/Authorized Representative¹**

Position: _____
 Business Address: _____

 Contact No.: _____
 Email Address: _____

**Signature over Printed Name of
Respondent/Authorized Representative¹**

Position: _____
 Business Address: _____

 Contact No.: _____
 Email Address: _____

**Signature over Printed Name of
Respondent/Authorized Representative¹**

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