



CAMERA
ARBITRALE
MILANO

To the Secretariat of the Mediation Service, Milan Chamber of Arbitration
(Special Agency of the Milan Chamber of Commerce)
n.31 Registry of Mediation Providers of the Ministry of Justice
Via Meravigli, 9b – 20123 Milano Tel.+39 028515.4501 Fax. +39 028515.4577
email: milanmediation@mi.camcom.it

Mediation request

The requesting party declares of being aware of art. 4 comma 1 D.lgs. 28/2010, which provides that the mediation request has to be submitted to a mediation provider of the place where the judge has competence for the subject matter.

Requesting party:

family name	name	PAN code
date of birth	place	
full address		
tel	mob	fax
e-mail	secure email	
ID details: type	n.	issued by

Legal representative / owner of:

(only for legal person)

denomination	PAN code	
registered office (full address)		
tel	mob	fax
e-mail	secure email	

Assisted by:

family name	name	title	PAN code
full address			
tel	mob	fax	
e-mail	secure email		
ID details: type	n.	issued by	

I am not assisted by a lawyer, as this request is about a matter for which mediation is not a precondition before filing a legal action

Invited party:

denomination	PAN code	
full address		
tel	mob	fax
e-mail	secure email	



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Reason for the mediation request: (tick one of the following options)

mediation is a prerequisite before legal action mediation clause court's invitation voluntary

The mediation request is related to a dispute about: (tick one of the following options)

Mandatory mediation ex Dlgs 28/2010 (tick one of the following matters)

<input type="checkbox"/> bank contracts	<input type="checkbox"/> condominium	<input type="checkbox"/> financial contracts	<input type="checkbox"/> insurance contracts	<input type="checkbox"/> right in rem
<input type="checkbox"/> business lease	<input type="checkbox"/> defamation	<input type="checkbox"/> health liability	<input type="checkbox"/> medical malpractice	<input type="checkbox"/> renting
<input type="checkbox"/> commodatum	<input type="checkbox"/> family business	<input type="checkbox"/> inheritance	<input type="checkbox"/> termination of co-ownership	

sub-tier supply contract telecommunication other (please specify) _____

Dispute's subject:

Reasons for the dispute and further details:

Approximate value in Euro

Ref. of contract (if applicable)

Attachments:

Note that all documents attached will be transmitted to the other party.

The following documents must be attached to this form:

copy of the ID of the person who signs the form copy of the order of payment of the registration fees

Possible documents attached:

proxy court's invitation to the mediation contract containing the mediation clause other

Acceptance of the Rules and declarations:

The undersigned _____

declares of having taken notice of the Rules and Fees of the International Mediation Service and of accepting it entirely;
Of not having activated the same proceeding with other mediation providers;
Of being aware of possible organizational issues of the provider relating the scheduling of the first mediation meeting, and therefore declares to accept that the meeting might be scheduled within a longer term from the one provided by art. 8 n. 1 D.lgs. 28/2010.
Of being aware that the Invoice shall be addressed to the party only in compliance with Ris. Min. 331350 of 13/06/1981.

Place _____ Date _____ Signature _____

I the undersigned, in transmitting my personal data to the Milan Chamber of Arbitration I declare to have taken notice of the Privacy Information of the Arbitration and Mediation Services available at the "privacy policy" section of the website www.camera-arbitrale.com and therefore, to be aware of the treatment of my personal data. Any request ex Art. 7 D.lgs 196/2003 (right to access personal data) shall be forwarded to the Milan Chamber of Arbitration, via Meravigli, 9/b Milan (20123) or via fax: +39 02 8515 4384 or to privacycam@mi.camcom.it. If the subscriber does not want to receive any information about the Milan Chamber of Arbitration activities and events ex Art. 2.2 of the above mentioned Privacy Information, should tick the box below. This option can be expressed at any further sending, ex Art. 4.2.

Place _____ Date _____ Signature _____