



CAMERA  
ARBITRALE  
DI MILANO

To the Mediation service - Milan Chamber of Arbitration, Special Agency of the  
Camera di Commercio Metropolitana di Milano, Monza Brianza e Lodi, n.31  
Registry of Mediation Providers of the Ministry of Justice  
Via Meravigli, 7, 20123 Milano Tel 02 85154501

## ADDITIONAL REQUESTING PARTIES

**NB: FORMS FILLED BY HAND OR INCOMPLETE WILL NOT BE ACCEPTED**

To send via EMAIL: [service.conciliazione@mi.camcom.it](mailto:service.conciliazione@mi.camcom.it) or SECURE EMAIL: [conciliazione.cam@legalmail.it](mailto:conciliazione.cam@legalmail.it)

The party hereby declares to be aware of art. 4 paragraph 1 of Legislative Decree 28/2010 stipulating that the mediation request must be filed with a mediation body territorially competent for the dispute.

Jointly with (the party indicated in the request form)  initiate the procedure:

### Additional requesting party

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

### Legal representative / owner of:

(only for legal person)

denomination   
VAT number   
registered office (full address)   
tel.  mob.   
e-mail  secure e-mail

**NB: The bill for mediation expenses will be referred to the parties directly involved in the mediation procedure (as required by the Finance Minister Resolution of 13/06/1981 No.331350).**



## Legal assistance

The attorney mentioned below assists me in the proceedings:

last name  first name  PAN number

full address

tel.  mob.

e-mail  secure email

ID details: type  n.  issued by

I do not intend to use any attorney because the dispute is:

a voluntary mediation;

a conciliation regarding energy matters.

## Attachments

Attach only the documentation strictly necessary for the understanding of the dispute. Additional attachments can be deposited during the first meeting. **For the sake of confidentiality, please note that all attached documents will be transmitted to the other party, unless otherwise indicated.**

**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

**Other attachments (depending on the dispute):**

proxy;

proxy;

additional parties form;

contract containing the mediation clause;

other

## Rules acceptance and declarations

The undersigned, last name  first name

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 Dlgs 28/2010.

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](http://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](mailto: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 \_\_\_\_\_