



JOINT MEDIATION REQUEST

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.

This application is filled to conduct the mediation process at the headquarters of:

LODI MILANO MONZA

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

To send via EMAIL: service.conciliazione@mi.camcom.it or SECURE EMAIL: conciliazione.cam@legalmail.it

Mediation type

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

Matter of the controversy

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

bank contracts condominium financial contracts insurance contracts right in rem
 business lease defamation health liability medical malpractice renting
 commodatum family business inheritance termination of co-ownership

telecommunication sub-tier supply contract other (voluntary mediation: _____)

Dispute's subject

Reasons and details of the disputes

(max 5 lines; any additional information may be added through the attached documentation)

approximate value: _____

€

contract reference (if applicable): _____



Requesting party

(in the case of several invited parties, also use the *Additional requesting parties* form)

family name	<input type="text"/>	name	<input type="text"/>	PAN code	<input type="text"/>
date of birth	<input type="text"/>	place of birth	<input type="text"/>		
full address	<input type="text"/>				
tel.	<input type="text"/>	mob.	<input type="text"/>		
e-mail	<input type="text"/>	secure e-mail	<input type="text"/>		
ID details: type	<input type="text"/>	n.	<input type="text"/>	issued by	<input type="text"/>

Legal representative / owner of:

(only for legal person)

denomination	<input type="text"/>				
VAT number	<input type="text"/>				
registered office (full address)	<input type="text"/>				
tel.	<input type="text"/>	mob.	<input type="text"/>		
e-mail	<input type="text"/>	secure e-mail	<input type="text"/>		

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	<input type="text"/>	first name	<input type="text"/>	PAN number	<input type="text"/>
full address	<input type="text"/>				
tel.	<input type="text"/>	mob.	<input type="text"/>		
e-mail	<input type="text"/>	secure email	<input type="text"/>		
ID details: type	<input type="text"/>	n.	<input type="text"/>	issued by	<input type="text"/>

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

Invited party

family name	<input type="text"/>	name	<input type="text"/>	PAN code	<input type="text"/>
date of birth	<input type="text"/>	place of birth	<input type="text"/>		
full address	<input type="text"/>				
tel	<input type="text"/>	mob.	<input type="text"/>		
e-mail	<input type="text"/>	secure e-mail	<input type="text"/>		
ID details: type	<input type="text"/>	n.	<input type="text"/>	issued by	<input type="text"/>

Legal representative / owner of:

(only for legal person)

denomination	<input type="text"/>				
VAT number	<input type="text"/>				
registered office (full address)	<input type="text"/>				
tel.	<input type="text"/>	mob.	<input type="text"/>		
e-mail	<input type="text"/>	secure e-mail	<input type="text"/>		

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proxy;

proxy;

additional parties form;

contract containing the mediation clause;

other

Rules acceptance and declarations

The undersigned, last name first name

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 _____

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 _____

Place Date Signature _____