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FIJI MEDIATION CENTRE
COMMERCIAL MEDIATION SCHEME
REQUEST FOR MEDIATION

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Commercial Mediation Scheme
Fiji Mediation Centre
Tabatolu House, Level 1
Goodenough Street, Suva
Tel: (679) …………Fax: (679) …………..
Email: mediatewithusfmc@gmail.com Website: www.fijimediation.org

Have all the parties agreed to mediate this matter? Yes No Remarks:

PLEASE READ
1. Parties who wish to apply for mediation under the Fiji Mediation Centre (FMC) Commercial Mediation Scheme (the Scheme) must complete this Request for Mediation. 2. This Scheme is applicable to matters where the total quantum of claim and counterclaim **exceed FJ$.......** 3. Please copy all the relevant parties to the dispute when sending the Request for Mediation to FMC.

FILING FEE
1. Please note that the non-refundable filing fee of of FJ$218.00 (*inclusive of VAT*) per party will be payable within three (3) working days <u>after FMC acknowledges the receipt of this Request</u>. 2. FMC will process this request upon full payment of the filing fee.

DETAILS OF PARTIES
(Where there are more than 2 parties or law firms, please provide the details for them in a separate attachment)

Suit Number: *(if applicable)*	

APPLICANT(S)
If court proceedings have started, please tick the applicable box Plaintiff Defendant Third Party

Contact Particulars	
Salutation : *(if applicable)*	Mr Mrs Ms Others:
Name(s) :	

Address *(If not legally represented):*	
Contact No *(If not legally represented):*	Tel: Fax:
Email Address *(If not legally represented):*	
Contact Particulars (Legal Representatives)	
Salutation: *(if applicable)*	Mr Mrs Ms Others:
Name:	
Law Firm:	
Address:	
Contact No:	Tel: Fax:
Email Address:	
Reference Number:	

RESPONDENT(S)	
If court proceedings have started, please tick the applicable box Plaintiff Defendant Third Party	
Contact Particulars	
Salutation: *(if applicable)*	Mr Mrs Ms Others:
Name(s):	
Address *(If not legally represented):*	
Contact No *(If not legally represented):*	Tel: Fax:

Email Address *(If not legally represented):*	

Contact Particulars (Legal Representatives)

Salutation:	Mr Mrs Ms Others:
Name:	
Law Firm:	
Address:	
Contact No:	Tel: Fax:
Email Address:	
Reference Number:	

DETAILS OF THE DISPUTE

Quantum of claim: FJ$
Quantum of counterclaim: FJ$

Others:

Type of Dispute

Agency
Banking/Financial Instruments
Company / Shareholders
Information Technology
Construction/Contractors
Defamation
Employment
Family/Neighbour
Insurance
Intellectual Property/Trademarks/Copyright
Joint Venture/Partnership

Personal Injury
Probate (Deceased)
Professional Malpractice
Renovation
 Sale & Purchase of Property
Sale/Supply of Goods & Services/Title of Goods
Sports
Shipping
Tenancy
Torts
Trust

Others:

[Please provide brief details of the dispute]

AVAILABLE DATES FOR MEDIATION

[Please provide a few available dates - if possible, mutually agreed dates]

MEDIATOR PREFERENCES

Mediator(s):	Parties wish to choose their own Mediator(s):
	(Please note that when parties choose their own mediator, the selected Mediator(s) is/are entitled to charge his/her commercial rates. FMC's published Fee Schedule will not be applicable)
	
	Name(s):
	
	OR
	
	Parties wish for FMC to appoint appropriate Mediators:
	        1 Mediator; or
	        2 Mediators.

Mediator Background / Attributes*: [*ie industry, profession, language proficiency, age, etc*]	

SIGNATURE

Applicant's Name and Signature:	
Date:	

HOW DID YOU HEAR ABOUT US?

Industry/ Business Network

Lawyer's Referral

Media (Newspaper, television etc.)

Mediation Clause (*If so, please annexe a copy of the Mediation Clause to your Request for Mediation.*)

FMC Invitation Letter

FMC Website

The High Court of Fiji : ADR Offer (High Court Practice Direction)

Referral from Master/ Judicial Officer   Referral from High Court

The State Courts of Fiji

Telephone Enquiry to FMC

Others: _____

Subject to availability.

OFFICIAL USE	
Nature of Dispute:	Domestic International