

Form M13: Application for Refund of Mediation Fees

[Sub-paragraph 11.1(b)]

Heading: *same as in Form M 1*

APPLICATION FOR REFUND OF MEDIATION FEES

TAKE NOTICE that:

1. I the undersigned, the claimant/defendant herein apply for a refund of mediation fees pursuant to a dispute between the above parties under Claim No. _____.

2. Particulars of the claimant/defendant:

Surname / _____
Company Name

First Name _____

Residential address _____

Business address _____

Postal address _____

Telephone _____

Mobile Phone _____

E-Mail Address _____

3. Reason for Application for refund of mediation fees:

Signed: _____
Claimant/Claimant's Legal Practitioner or Defendant/Defendant's Legal Practitioner
(Name, address, telephone number, email)

(Attach copy of receipt evidencing payment of mediation fees)

To: The Registrar and the Mediation Coordinator