

**Form M1B: Application for Referral to Mediation by the Claimant/Defendant**

[Sub-paragraph 1.3]

Heading: *same as in Form M 1*

**APPLICATION FOR REFERRAL TO MEDIATION BY THE CLAIMANT/ DEFENDANT**

TAKE NOTICE that:

1. I the undersigned, the claimant/defendant herein apply for referral to mediation of 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 \_\_\_\_\_

Signed: ----- Claimant/Claimant's Legal Practitioner or  
Defendant/Defendant's Legal Practitioner

*(Name, address, telephone number, email)*

(You may attach copies of statement of claim, defence, mediation memorandum and any other relevant documents)

To: The Registrar and the Mediation Coordinator