



IELA Mediation Program

APPLICATION FORM

IELA Member filing for mediation:

Name of applicant: _____

Address: _____

Points of contact: _____

Person in charge: _____

IELA Member claimed:

Name of defendant / branch office in dispute:

Address: _____

Points of contact: _____

Person in charge: _____

Brief presentation of the case:

- Services rendered
- Third parties involved
- Legally relevant documents (waybills, written agreements (if ever), confirmations of receipt, credit checks, etc)
- Are there any complaints about the services rendered by the IELA Member claimed?
- Reasons given by the IELA Member about the dispute.



Associate Member



Associate Member



Associate Member



Associate Member



The dispute:

By signing this application form the undersigned person(s) declare(s)

- being authorized to act legally binding for the applicant
- **to have received one copy of the IELA Mediation rules, have read and understood these rules and accept these rules in full**
- to answer the questions and/or requests of the mediator to the best of her/his/their knowledge and belief in due time
- to be aware that – despite the file will be treated as expeditiously as possible – it may take more time if there are exceptional circumstances
- IELA is – at any time – justified to refuse to handle by giving the applicant her justification for such refusal

Remarks:

Date _____

Signature _____



Associate Member



Associate Member



Associate Member



Associate Member