

DATE (dd/mm/yy)

**Details of Parties to the dispute and their representation**

**Claimant:**

Physical Address:

Telephone:

Mobile:

Email Address:

**Represented by:**

Physical Address:

Telephone:

Mobile:

Email Address:

**Respondent:**

Physical Address:

Telephone:

Mobile:

Email Address:

**Represented:**

Physical Address:

Telephone:

Mobile:

Email Address:

*\*Delete as applicable or add, if necessary, names of other parties or representatives \* Contact details not required if case already assigned an ICAMEK case reference*

## ■ Details regarding the issues in the dispute:

Amount in dispute

## ■ Mediator's preferred background, experience and skills

Knowledge/Profession

## ■ Joint Application for the appointment of a Mediator

The parties hereby apply to ICAMEK for their dispute to be referred to mediation by a mediator appointed, in relation to a dispute that has arisen between them (particulars of which are attached), and for the dispute is to be resolved under the ICAMEK Mediation Rules.

Name:

Signature:

DATE (dd/mm/yy)

Capacity:

(as, or for and on behalf of, Claimant)

Name:

Signature:

DATE (dd/mm/yy)

Capacity:

(as, or for and on behalf of, Claimant)

## Unilateral application for the appointment of a Mediator

- An agreement between the parties dated  that allows, either party may apply to ICAMEK to appoint a mediator in case of a dispute.
- A copy of said provision of the agreement, and particulars of the dispute, are attached and clearly marked.
- Any condition precedent to the right of either party to make a unilateral application for the appointment of a mediator has been satisfied and particulars of this, if any are attached.

It is agreed as a condition of such an appointment:

- To pay the reasonable fees and expenses of the mediator, whether or not the is agreement is reaches during a mediation.
- To make such payment within seven days of receipt of the invoice that such payment is due;
- To inform the mediator in the event of the settlement of the dispute before mediation takes place.
- That it is acknowledged that the ICAMEK is not liable, by reason of having appointed or nominated the mediator, for anything done or omitted to be done by the arbitrator in the discharge or purported discharge of his/her functions.

Name:

Signature:

DATE (dd/mm/yy)

Capacity:

(as, or for and on behalf of, Claimant)

## Registration & Administrative Costs

### Registration fees

Pursuant to Rule 4 of the ICAMEK Mediation Rules the party initiating the mediation will pay a non-refundable registration fee of 350,000 (Three Hundred and Fifty thousand shillings only)

**Bank:** Stanbic Bank

**Account Name:**

International Centre for Arbitration & Mediation in Kampala

**Account Number:**

9030015640315

# CHECKLIST:

Please check to ensure the following has been before the

- All sections/parts of the form have been complete.
- You have provided the relevant supporting documentation.
- You have signed and dated the form.
- You have effected payment of the filing fees

Please return the completed form in duplicate together with all the supporting documentation by email: [file@icamek.org](mailto:file@icamek.org)