



REQUEST FOR SILVER, GOLD OR PLATINUM MEDIATION

(INIS FORM MOST BE ITPED)	Date:
DETAILS OF THE PERSON MAKING THE REQUEST	FOR MEDIATION ("REQUESTING PARTY")
Company Name:	
Email:	Contact Number:
Are you a member of the DMCC Food Trade Group?	P (Please tick as appropriate) Yes No
DETAILS OF THE COUNTERPARTY TO THE DISPUT	E
Company Name:	
Contact person(s):	
Email:	Contact Number:
VALUE OF THE DISPUTE	
Value of the Claim (AED):	
The DMCC Disputes Centre will confirm to you which	n tier of mediation applies based on the details you have provided.
The Requesting Party should attach the following evaluation of the issue:	documents with this Request for Mediation to ensure comprehensive
A short document detailing the concern/complainCopies of any supporting documents as evidence	
to DMCC. I also understand and accept that mediatic	t for Mediation, a non-refundable filing fee of AED 500 plus VAT is payable on fees are payable to DMCC as set out in Schedule 1 of the DMCC Disputes ime) and that the mediation process will not proceed until such fees have
The DMCC Disputes Centre reserves the right to rejection, and without providing any reason to the p	ect a Request for Silver, Gold or Platinum Mediation at any time in its sole parties.
Requesting Party's name:	
Requesting Party's Signature:	
Date:	
	DMCC PURPOSE
Date of Notification:	
Mediation Notes:	