

Attn: Charles-Henry Roy,  
Director of Mediation Center  
Franco-Russian Chamber of Commerce and Industry

DATE: \_\_\_\_\_

**APPLICATION FOR MEDIATION**

We, the undersigned, Party 1 and Party 2,

**PARTY 1:**

**PARTY 2:**

<b>Name of the company:</b>		<b>Name of the company:</b>	
<b>State registration number:</b>		<b>State registration number:</b>	
<b>Address of the company:</b>		<b>Address of the company:</b>	
<b>Telephone/Fax/Email:</b>		<b>Telephone/Fax/Email:</b>	

Party 1 is represented by:

\_\_\_\_\_,  
Full name of the representative, address, telephone, email (copy of the passport must be enclosed with the Application)

acting by virtue of: \_\_\_\_\_,

and Party 2 is represented by:

\_\_\_\_\_,  
Full name of the representative, address, telephone, email (copy of the passport must be enclosed with the Application)

acting by virtue of:

\_\_\_\_\_

**WE HEREBY ASK YOU TO MEDIATE THE DISPUTE BETWEEN US AS DESCRIBED BELOW:**

\_\_\_\_\_  
Short description of the dispute, claims of the parties, the claimed or disputed amounts  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BASIS OF APPLICATION TO THE MEDIATION CENTER:**

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**PLEASE APPOINT A MEDIATOR:**

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Full name and contacts of the mediator(s)

OR

**APPOINT MEDIATOR(S) BASED ON THE FOLLOWING REQUIREMENTS:**

Number of mediators: \_\_\_\_\_

Qualification requirements: \_\_\_\_\_

Other requirements, comments: \_\_\_\_\_

Information about the current court and arbitration procedures with regard to the claimed dispute:

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LANGUAGE OF THE MEDIATION: \_\_\_\_\_

**ATTACHMENTS:**

1. Evidence of the registration fee paid

2. \_\_\_\_\_

3. \_\_\_\_\_

**SIGNATURES:**

PARTY 1:

PARTY 2:

\_\_\_\_\_ 20\_\_

\_\_\_\_\_ 20\_\_

\_\_\_\_\_

\_\_\_\_\_

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