



CONSTRUCTION INDUSTRY ARBITRATION COMMISSION
2F Executive Building Center, 369 Gil J. Puyat Ave. cor. Makati Ave., Makati City
Telefax Nos. 897-0853/897-9313; Email: ciac_ciap@yahoo.com

REQUEST FOR MEDIATION

A. Parties

CLAIMANT

NAME OF COMPANY : _____
AUTHORIZED REPRESENTATIVE : _____
BUSINESS ADDRESS : _____
TELEPHONE NUMBER : _____

RESPONDENT

NAME OF COMPANY : _____
AUTHORIZED REPRESENTATIVE : _____
BUSINESS ADDRESS : _____
TELEPHONE NUMBER : _____

B. Nature of Dispute :

- | | |
|--|---|
| <input type="checkbox"/> Delays/Liquidated damages | <input type="checkbox"/> Release of retention |
| <input type="checkbox"/> Payment default | <input type="checkbox"/> Breach of contract documents |
| <input type="checkbox"/> Violation of specifications | <input type="checkbox"/> Others (please specify) |
| <input type="checkbox"/> Change Orders | _____ |
| <input type="checkbox"/> Rectification costs | _____ |

Is there a Mediation Agreement in the contract? [] Y [] N. If none, please accomplish the attached MEDIATION AGREEMENT

C. Sum in Dispute : _____ (_____)

D. Documents Required : Please submit the following in 3 copies

- Case Abstract/Relief Sought
- Construction Contract
- Mediation Agreement
- Authority to Stipulate and to Compromise
- Documents establishing the circumstances of the case

Claimant/Authorized Representative

Respondent/Authorized Representative

E. Date Filed/Received: _____

In case of joint submission/filing, Respondent/Authorized Representative has to sign the Request for Mediation
• To preserve confidentiality of mediation, all personal notes by the Mediator shall be destroyed