

KINGDOM OF CAMBODIA Nation Religion King

JOINT REQUEST FOR MEDIATION

1. CONTACT DETAILS OF PARTIES			
	Party A	Party B	
Name:			
Nationality:			
Country of Incorporation (if legal entity):			
Authorized Representative (if legal entity):			
Name of Representative:			
Name of Representative's Institution:			
Contact number:			
Email address:			
Mailing address:			
2. AGREEMENT TO MEDIATE			
The parties have agreed to refer their dispute to mediation at National Commercial Arbitration Centre (NCAC) pursuant to: (Please enclose contractual instrument that refers to the use of mediation, if any)			
3. REQUESTED DURATION OF AND AVAILABILITY FOR MEDIATION			
Requested duration of mediation: day(s)			
Parties' preferred date of mediation:			
Parties' other available dates of mediation:			

4. OTHER PROCEEDINGS ON THE SAME MATTER (if any)		
Court litigation in Cambodia		
Court litigation outside Cambodia		
Arbitration at NCAC		
Arbitration other than at NCAC		
5. DESCRIPTION OF DISPUTE		
Please provide a brief description of the dispute, including the following details:		
Nature of dispute:		
Dispute value quantum including counterclaims, if any (estimate if no definite quantum):		
Any other relevant information:		
(Please enclose contract or other legal instrument out of or in relation to which the dispute arises or, in the absence of such contract or instrument, a brief description of the relevant relationship.)		
6. OTHER INFORMATION (if any)		
 A suggestion as to the mediator's professional background and experience, Description of any previous settlement offers or negotiation attempts; and Request (s) on solutions of mediation including monetary valued request (s) and other request (s), if any. 		

Date:/	
PARTY A	PARTY B
Name:	Name:
Title:	Title:
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Please complete this form and submit to General Secretariat of NCAC or via email mediation@ncac.org.kh and provide a copy to the other parties to the mediation. You can also contact the General Secretariat of NCAC directly at: +855 (0) 11 51 53 33. If you have any queries.