

APPLICATION TO RECOGNIZE A MEDIATOR

(See Rule 2(3))

Personal information	
Applicant's Name:	
Applicant's Office Address	
Landline	
Cellphone	
Email address	
Website	
Applicant's CNIC:	
Applicant's NTN:	
Qualification:	
Profession:	
Training attended (Minimum 40 hours):	
Area of expertise:	
Experience as mediator	
Affiliation:	Organization: <input type="checkbox"/> Independent: <input type="checkbox"/>
Name of Organizations affiliated	
<u>OFFICE AND ONLINE FACILITY DETAILS</u>	
(In case of an Independent Mediator if mediation will either not take place at the office of the Applicant or takes place at his/her Office, please provide details of the facility where the face - to-face mediation will take place along with supporting photographs)	
Address (location) of mediation facility	Contact Person Supervisor at (location of) the mediation facility

Cellphone of Contact Person Supervisor of mediation facility:		Email of Contact Person Supervisor	
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General Information:

1. Code of conduct
Yes No If yes, please attach copy of proof

2. Fee structure / schedule
Yes No If yes, please attach copy

3. Confidentiality Procedures
Yes No If yes, please attach copy of proof

4. International affiliation
Yes No If yes, please attach copy of proof

5. Independent Mediator Registration Fee:(Attach evidence of payment Rs. 5,000/-)

6. Independent Mediator Annual Re-Registration Fee: _____ (Attach evidence of payment of Rs.1,000/-)



Declaration by Applicant

I confirm that the information I have given on this form is correct and complete; and I understand that any false information could result in my application being rejected.

I further confirm that I have never been booked in any type of criminal case or faced contempt of court proceeding before any court of law during last five years.

Applicant

Documents to be attached:

1. Copy of CNIC
2. Copy of NTN
3. Copy of professional degree
4. Copy of mediation training certificate
5. Copy of declaration
6. Copy of international affiliation certificate, if any
7. Registration Fee payment evidence
8. Fee schedule
9. Copy of code of conduct

For Office Use Only:

Application Received on: _____

Site Inspection of Mediation Facility carried out on: _____

Application status: Granted Declined Re-apply after Six (6) Months

Independent Mediation Registration No: _____

Approval Authority:

