

RESPONDING DISPUTANT PARTICIPATION FORM

Malaysia – China Business Mediation Centre (MCBMC)
c/o Bar Council
No. 15, Leboh Pasar Besar
50050 Kuala Lumpur

BY FAX (03-2031 6640)

Total no. of page (s): _____
(inclusive of this page)

WITHOUT PREJUDICE

Date:- _____

Instructions:

ALL parties to a dispute have to complete and send the signed copies of the this form to the **Malaysia – China Business Mediation Centre (“MCBMC”)**

1. Parties will be notified of the Dispute Resolution Proceeding date in writing.
2. Parties who are attending the Dispute Resolution Proceeding with / without their Solicitors should have the necessary authority to settle the matter.

Pursuant to the Dispute Resolution Request by _____

I/We hereby agree to participation in the Dispute Resolution Proceeding.

Section 1- Details of Responding Disputant(s)

Name: _____

Address: _____

Section 2- Mediation Session

a) Parties agree to MCBMC fixing the date :- YES / NO

b) Parties proposed Dispute Resolution Proceeding dates: -

(dd/mm/yy) :- _____

(dd/mm/yy) :- _____

Section 3 – Solicitor’s / Consultant’s Particulars (if applicable)

Instructions

If space below is insufficient, please give details on a photostated sheet of this page.

Name of Solicitor(s): _____

Name and address of firm: _____

Tel No. _____ Fax No. _____

Your File Reference No.: _____

Name of Client(s) _____

who is/are the _____

in the above matter.

No. of person(s) attending: Solicitor(s) _____ Client(s): _____

Name of Solicitor(s): _____

Name and address of firm: _____

Tel No. _____ Fax No. _____

Your File Reference No.: _____

Name of Client(s) _____

who is/are the _____

in the above matter.

No. of person(s) attending: Solicitor(s) _____ Client(s): _____

Section 4 – Background of Dispute

| | |
|---|--|
| <p><u>Nature of Dispute</u></p> <p><input type="checkbox"/> Agency</p> <p><input type="checkbox"/> Banking/ Financial Instruments</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Corporate / Company/ Shareholders</p> <p><input type="checkbox"/> Defamation</p> <p><input type="checkbox"/> Family or Matrimonial Matters</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Community Disputes</p> <p><input type="checkbox"/> Hire-Purchase</p> <p><input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> Intellectual Property</p> <p><input type="checkbox"/> Partnership/ Joint Venture</p> <p><input type="checkbox"/> Personal Injury or Death</p> <p><input type="checkbox"/> Probate & Estate Matters</p> <p><input type="checkbox"/> Professional Malpractice</p> <p><input type="checkbox"/> Sale and Purchase of Property</p> <p><input type="checkbox"/> Sale or Supply of Goods and Services/Title of Goods</p> <p><input type="checkbox"/> Tenancy</p> <p><input type="checkbox"/> Negligence (eg. Misrepresentation, Assault and Battery)</p> <p><input type="checkbox"/> Others: _____</p> <p><u>For dispute (s) involving monetary claims:-</u></p> <p>The dollar amount contested is:</p> <p>Claim: RM _____</p> <p>Counterclaim: RM _____</p> | <p><u>Please give details of the dispute.</u></p> <p>[Brief details would suffice at this stage as information is required for the purpose of appointment of Dispute Resolution Facilitator only.]</p> |
| <p>List of documents attached (Please mark whether confidential)</p> | |

Section 5: Preferred Language requirement (if any)

| | |
|----------------------|---|
| <p>Instructions:</p> | <p>The MCBMC will try to appoint the Dispute Resolution Facilitator who meet the preferred language requirements specified below. However, this would be subject to their availability and other relevant considerations.</p> |
|----------------------|---|

Language: English Chinese Bahasa Melayu

Others (specify) _____

Section 6 – Signatures

Name

Solicitors