

MEDIATION REFERRAL FORM



The Referring Party wishing to initiate mediation is requested to complete this form as far as possible.

Once completed, please submit to info@tswelopeleadr.com

Our case management team may be contacted at +27 61 864 4803 to confirm receipt or for assistance.

TYPE OF MEDIATION FOR REFERRAL

Please tick one

Mediation _____ Court-Annexed Mediation _____

SECTION A – REFERRING PARTY DETAILS

1. Full Name /Entity Name: _____
2. Registration Number (if applicable): _____
3. VAT Number (if applicable): _____
4. Physical Address: _____

MEDIATION REFERRAL FORM



5. Postal Address: _____

6. Telephone: _____

7. Email Address: _____

8. Finance/Accounts Contact: _____

9. Legal Representative (if any): _____

10. Contact Person: _____

SECTION B – RESPONDENT / OTHER PARTY DETAILS

1. Full Name /Entity Name: _____

2. Registration Number (if applicable): _____

3. VAT Number (if applicable): _____

MEDIATION REFERRAL FORM



4. Physical Address: _____

5. Postal Address: _____

6. Telephone: _____

7. Email Address: _____

8. Finance/Accounts Contact: _____

9. Legal Representative (if any): _____

10. Contact Person: _____

SECTION C – NATURE OF DISPUTE

MEDIATION REFERRAL FORM



The Referring Party must attach a brief description of the dispute.

If formal pleadings or related documents exist, these may be annexed.

Relevant supporting documents may also be attached.

SECTION D – MEDIATOR APPOINTMENT

Complete Section 1 if parties have agreed upon a mediator:

Mediator's Name: _____

Contact Details: _____

Complete Section 2 if the parties cannot agree on a Mediator.

Nature of Dispute: _____

Expert Required: _____

Tswelopele ADR will appoint a mediator in accordance with its Panel Rules.

SECTION E – FEES

Mediation fees must be agreed upfront in writing between the mediator and the parties, in accordance with Tswelopele ADR's Schedule of Fees and Costs.

A 50% non-refundable deposit is required upfront to secure the booking and the mediator. The outstanding balance is payable upon receipt of invoice. No

MEDIATION REFERRAL FORM



mediator's report or certificate of outcome will be released until full and final payment has been received.

SECTION F – CERTIFICATE OF OUTCOME

At the conclusion of the mediation, the mediator will confirm the outcome and Tswelopele will issue a Certificate recording whether:

- Full settlement was reached;
- Partial settlement was reached;
- No settlement was reached;
- Mediation was withdrawn/abandoned.

SECTION G – RESPONDENT'S RESPONSE

The Respondent confirms receipt of this Request for Mediation and provides the following details (if different from Section B):

- Correct Party Details: _____
- Legal Representative / Firm: _____
- Contact Person: _____

MEDIATION REFERRAL FORM



- Mediator agreed in Section D: Yes/No
- Attachments (dispute description, response, or supporting documents).

Section H – Agreement to Mediate

The parties agree that the dispute shall be referred to mediation under the Rules of Tswelopele ADR, before a mediator appointed in accordance with those Rules. Mediation will take place at a venue agreed by the parties and mediator, or via a virtual platform if suitable.

DATED at _____ on this ____ day of _____ 20__

CLAIMANT / REFERRING PARTY

Signature: _____

RESPONDENT / OTHER PARTY

Signature: _____