

MEDIATOR'S DISCLOSURE FORM

HAC File No. _____

For which disclosure is made

Details of the Mediator

Name of the Mediator

Address

Telephone/Mobile/Fax

E-mail

Prior Experience (Including
Experience with Mediations)

Circumstances disclosing any past or present relationship with or interest in any of the Parties, their legal representatives or their law firms; or in relation to the subject-matter in dispute, whether financial, business, professional, or other kind, which is likely to give rise to justiable doubts as to your independence, impartiality & neutrality (List out)*:

Circumstances which are likely to affect your ability to devote sufficient time to the Mediation and in particular your ability to finish the entire Mediation within the prescribed time, if any*

I, above named Mediator, declares and confirms that the above-mentioned disclosure, provided by me is correct and true and that this disclosure pertains to last three years and includes disclosure with regards to any conflict of interest, through my close family members.

BY SUBMITTING THE PRESENT FORM, I GIVE MY CONSENT TO MY APPOINTMENT AS MEDIATOR TO THE DISPUTE BY HAC AND I AGREE TO BE BOUND BY HAC MEDIATION RULES & HAC MEDIATION FEE SCHEDULE.

Date: _____

Name & Signature _____

* Use additional sheet, if required.