SINGAPORE MEDIATION CENTRE REQUEST FOR MEDIATION (DISPUTES BEFORE THE INTELLECTUAL PROPERTY OFFICE OF SINGAPORE)

Singapore Mediation Centre 1 Supreme Court Lane, Level 1 Singapore 178879 Tel: (65) 6252 4226 Fax: (65) 6333 5085

Email: smcregistry@sal.org.sg Website: www.mediation.com.sg

Have all the parties agreed to mediate this matter?						
	_					
	∐ Yes					
□ No						
Remar	KS:					
DIFAC	NE DEAD					
PLEASE READ						
1.	1. Please use this Request for Mediation where at least part of the scope of disputes to be r					
		lispute before the Intellectual Property Office of Singapore (IPOS), whether or				
	not parties wish to apply for funding under the Revised Enhanced Mediation Promotion Scheme					
,	("REMPS") from IPOS.					
2.	. If parties wish to apply for REMPS funding, please see the conditions at Annex D of the Application for Reimbursement under the REMPS provided by IPOS. The grant of subsidy					
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3.	funding under REMPS is solely at the discretion of IPOS. This Schome is applicable to matters both monetarily per quantifiable and quantifiable. For					
3.	This Scheme is applicable to matters both monetarily non-quantifiable and quantifiable. For disputes that are non-monetarily quantifiable, please refer to paragraph 3.2 of the Singapore					
		Mediation Service for Disputes before the Intellectual Property Office of				
		· · · · · · · · · · · · · · · · · · ·				
	Singapore Fee Schedule (" Fee Schedule "). For disputes that are monetarily quantifiable and the total quantum of claim and counterclaim <u>exceed \$\$60,000</u> , please refer to paragraph 3.3 of the					
	Fee Schedule.	The did codification of the code of the code of the code of the				
4.		the dispute can submit this Request for Mediation. However, please copy all				
	. , , , .	to the dispute and IPOS when sending your Request for Mediation to SMC.				
FILING	•					
1.	Please note that the	e non-refundable filing fee of of \$270.00 (inclusive of GST) per party will be				
	payable within three (3) working days <u>after SMC acknowledges the receipt of your Request for</u>					
	Mediation.					
2.		ss your Request for Mediation upon full payment of the filing fee.				
DETAI	LS OF PARTIES					
(Where there are more than two (2) parties or law firms, please provide the details for them in a separate						
attachr	ment)					
IPOS C	Case Number:					
(if applicable)						
OPPONENT / APPLICANT FOR INVALIDATION OR REVOCATION OR RECTIFICATION						
Contact Particulars						
Salutation :		☐Mr ☐Mrs ☐Ms ☐Others:				
(if applicable)						

Name(s):						
Address (If not legally represented):						
Contact No (If not legally represented):	Tel: Fax:					
Email Address (If not legally represented):						
Contact Particulars (Legal	Contact Particulars (Legal Representatives)					
Salutation: (if applicable)	☐ Mr ☐ Mrs ☐ Ms ☐ Others:					
Name:						
Law Firm:						
Address:						
Contact No:	Tel: Fax:					
Email Address:						
Reference Number:						
APPLICANT FOR REGISTR	ATION / PROPRIETOR					
Contact Particulars						
Salutation: (if applicable)	☐ Mr ☐ Mrs ☐ Ms ☐ Others:					
Name(s):						
Address (If not legally represented):						
Contact No (If not legally represented):	Tel: Fax:					
Email Address (If not legally represented):						
Contact Particulars (Legal Representatives)						
Salutation:	☐Mr ☐Mrs ☐ Ms ☐ Others:					
Name:						
Law Firm:						

Address:					
Contact No:	Tel: Fax:				
Email Address:					
Reference Number:					
DETAILS OF THE DISPUTE					
☐ Dispute not monetarily quantifiable					
☐ Dispute quantifiable					
Quantum of claim: S\$ Quantum of counterclaim: S\$					
Others:					
[Please provide brief details					
AVAILABLE DATES FOR MEDIATION					
[Please provide a few available dates, if possible, mutually agreed dates]					
MEDIATOR PREFERENCES					
Mediator(s): Please also note that if parties wish to apply for REMPS funding from IPOS, IPOS will appoint a shadow mediator as observer (to fulfil one of the conditions of					

the funding).	Please note that when parties choose their own Mediator, the selected Mediator is entitled to charge his/her commercial rates. The Fee Schedule will not be applicable .				
	<u>OR</u>				
	Parties wish for SMC to appoint appropriate Mediators: 1 Mediator; or 2 Mediators.				
	Please state Mediator's attributes*, if any:				
*Subject to availability					
DECLARATION					
☐ I / We* hereby declare and confirm to the best of my / our* knowledge that this dispute which I / we* are submitting for mediation is monetarily unquantifiable.					
SIGNATURE ¹					
Party 1					
The Opponent / Applicant / Proprietor* agrees to submit the above-described dispute to mediation in accordance with the prevailing SMC Mediation Procedure Rules. If funding under the REMPS will be sought, the Opponent / Applicant / Proprietor* agrees that the SMC Mediation Procedure Rules, in particular paragraph 14, be modified to the extent that this party consents to named publicity (excluding any quantum pursuant to any settlement) and the case being used as an example of a mediated dispute.					
Name and Signature:					
Date:					
Party 2					

¹ Signature of Party 1 and Party 2 will only be required if both parties have agreed to mediation. If only one (1) party has agreed to mediation, the signature required will only be that of the requesting party.

A-4

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mediated dispute.						
Name and Signature:						
Date:						
Date.						