



REPUBLIC OF SOUTH AFRICA

FORM 1
(Rules 77(1) and (2))

APPLICATION FOR REFERRAL TO MEDIATION
(Prior to litigation)

COURT: FILE NO:

PARTIES:

..... Claimant

And

..... Respondent

(To be completed by claimant/mediation clerk)

1. I the undersigned, the Claimant/Representative of the Claimant, apply for referral to mediation of a dispute between the above parties.

2. My particulars/particulars of the entity I represent are:

Surname/Name

First Names

Residential address

.....

Business Address

.....

Postal Address

Telephone Cellular phone

Fax no Email

3. Particulars of the Respondent:

Surname/Name

First Names

Residential address

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Business Address

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Postal Address

Telephone Cellular phone

Fax no Email

4. Summary of claim by claimant:

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Signed at onday of

CLAIMANT
**PERSONAL CAPACITY/
DULY AUTHORISED**
(Attach copy of Authority/Resolution)