

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

Singapore Mediation Centre
1 Supreme Court Lane, Level 4
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

Remarks:

PLEASE READ

1. Please use this Request for Mediation where at least part of the scope of disputes to be mediated includes a pending dispute 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 funding under REMPS is solely at the discretion of IPOS.
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 Centre 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 exceed S\$60,000, please refer to paragraph 3.3 of the Fee Schedule.
4. Any one (1) party to the dispute can submit this Request for Mediation. However, please copy all the relevant parties to the dispute and IPOS when sending your Request for Mediation to SMC.

FILING FEE

1. Please note that the non-refundable filing fee of of \$267.50 (*inclusive of GST*) per party will be payable within three (3) working days after SMC acknowledges the receipt of your Request for Mediation.
2. SMC will only process your Request for Mediation upon full payment of the filing fee.

DETAILS OF PARTIES

(Where there are more than two (2) parties or law firms, please provide the details for them in a separate attachment)

IPOS Case Number:
(if applicable)

OPPONENT / APPLICANT FOR INVALIDATION OR REVOCATION OR RECTIFICATION

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: (if applicable)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others:
Name:	
Law Firm:	
Address:	
Contact No:	Tel: Fax:
Email Address:	
Reference Number:	
APPLICANT FOR REGISTRATION / PROPRIETOR	
Contact Particulars	
Salutation: (if applicable)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> 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:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others:
Name:	
Law Firm:	

Address:	
Contact No:	Tel: Fax:
Email Address:	
Reference Number:	
DETAILS OF THE DISPUTE	
<input type="checkbox"/> Dispute not monetarily quantifiable <input type="checkbox"/> Dispute quantifiable Quantum of claim: S\$ Quantum of counterclaim: S\$ Others:	
<i>[Please provide brief details of the dispute]</i>	
AVAILABLE DATES FOR MEDIATION	
<i>[Please provide a few available dates, if possible, mutually agreed dates]</i>	
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).	<input type="checkbox"/> Parties wish to choose their own Mediator. Name:

	<p>Please note that when parties choose their own Mediator, the selected Mediator is entitled to charge his/her commercial rates. The Fee Schedule will <u>not</u> be applicable.</p> <p><u>OR</u></p> <p><input type="checkbox"/> Parties wish for SMC to appoint appropriate Mediators: <input type="checkbox"/> 1 Mediator; or <input type="checkbox"/> 2 Mediators.</p> <p>Please state Mediator's attributes*, if any: _____</p>
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*Subject to availability

DECLARATION	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	

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.

(excluding any quantum pursuant to any settlement) and the case being used as an example of a mediated dispute.

Name and Signature:

Date: