APPLICATION FORM FOR MEDIATION

۱.	Name & address of Parties					
	a)	Complainant	Name	:		
			Address			
			Phone			
	b)	Opposite Party	Name	:		
			Address	:		
			Phone	:		
2.	Na	ture of case		:	Cheque Bo	unce / Consumer related
3.	If Cheque bounce case, then provide the following details:					
	Cheque No.			:		
	Date of issue of Cheque			:		
	Name & Branch of Bank			:		
4.	Brief facts		:			
5.	Whether pending in Court?			:	Yes /	No
		If yes -				
	a) Name of the Court			:		
	b) Case No.			:		
	c)	Next Date of Hearing		:		
	d)	Stage at which the capending	ise is	:		
					Signature:	
					Name:	
	Col			nt	act Address:	
	Pł			ho	ne / Mobile:	

Dated: