



W H I T E C O D E  
**VI A** MEDIATION &  
**ARBITRATION CENTRE**  
 Domestic • International • Online  
*Appropriate Disputes Resolution Judicatory*

**WHITE CODE VIA MEDIATION  
 CENTRE FOUNDATION**

A Sec 8 Non-Profit Company  
 CIN U85300KA2020NPL131756  
[operations@viamediationcentre.org](mailto:operations@viamediationcentre.org)  
[www.viamediationcentre.org](http://www.viamediationcentre.org)

**SCHEDULE 4: CASE SUBMISSION FOR ADR THROUGH  
 ARBITRATION/MEDIATION/CONCILIATION**

**DISPUTE TYPE**

Arbitration [ ]    Mediation [ ]  
 Conciliation [ ]    Other [ ]

**DISPUTE SUB TYPE**

Domestic [ ]    International [ ]

**PREFERRED TYPE OF NEUTRALS**

Judicial Panel [ ]    Expert pane [ ]  
 Principal panel [ ]                                        Any/Don't Know [ ]

**REQUESTED RESOLUTION CENTRE**

Country.....State.....  
 City.....

**I. PARTICULARS OF CLAIMANT(S)**

- i.Name .....
- ii.Address.....  
 .....  
 .....
- iii.Correspondence address for communication (if different  
 .....  
 .....  
 .....

- iv. Email id/s .....
- v. Telephone Nos. (Country code, local code and No.)  
.....
- vi. Mobile Nos., if any (Country code, local code and No.)  
.....
- vii. Name of the Counsel (If engaged) .....
- viii. Email Id of the Counsel .....
- ix. Mobile No of the Counsel .....

**II. PARTICULARS OF AUTHORISED REPRESENTATIVE/S OF CLAIMANT/S (IF ANY)**

- i. Name .....
- ii. Address .....
- iii. Correspondence address for communication (if any) .....
- iv. Email id/s .....
- v. Telephone Nos. (Country code, local code and No.) .....
- vi. Mobile Nos., if any (Country code, local code and No.) .....

**III. PARTICULARS OF RESPONDENT/S**

- i. Name .....



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ii. Address for communication .....

iii. Correspondence address for communication (if any .....

iv. Email id/s .....

v. Telephone Nos. (Country code, local code and No.) .....

vi. Mobile Nos., if any (Country code, local code and No. ....

vii. Name of the Counsel (If engaged) .....T.....E.....C.....O.....D.....E.....

viii. Email Id of the Counsel .....

ix. Mobile No of the Counsel .....

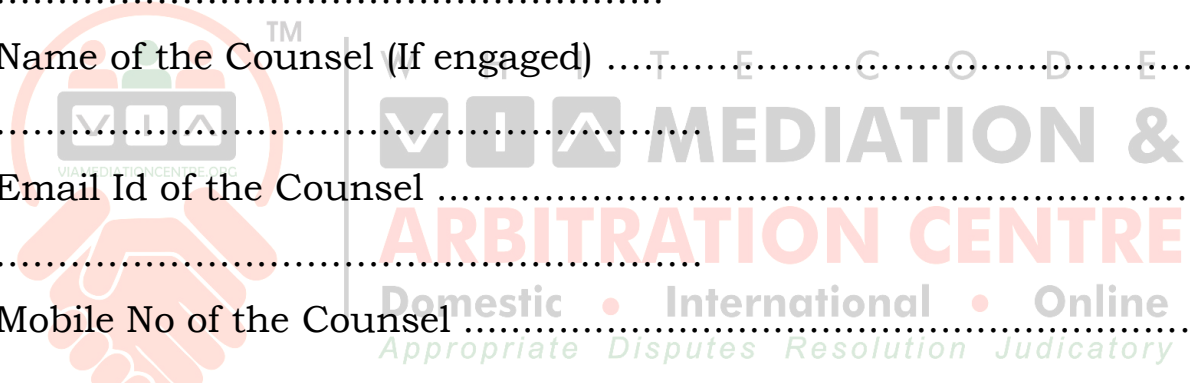
**IV. PARTICULARS OF AUTHORISED REPRESENTATIVE/S OF RESPONDENTT/S (IF ANY)**

i. Name .....

ii. Address .....

iii. Correspondence address for communication (if any .....

iv. Email id/s .....



v.Telephone Nos. (Country code, local code and No.)

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vi.Mobile Nos., if any (Country code, local code and No.)

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**V. NATURE OF DISPUTE:**

Admiralty & Maritime Law <input type="checkbox"/>	Entertainment, TV & Movies <input type="checkbox"/>	Maritime Shipping <input type="checkbox"/>
Agency & Distribution and Franchising <input type="checkbox"/>	Environmental <input type="checkbox"/>	Markets & Investments <input type="checkbox"/>
Agriculture & Food Processing <input type="checkbox"/>	Estate Planning <input type="checkbox"/>	Medical, Pharma & Healthcare <input type="checkbox"/>
Antitrust & Trade Regulation <input type="checkbox"/>	Family & Divorce <input type="checkbox"/>	Miscellaneous <input type="checkbox"/>
Automobile <input type="checkbox"/>	Finance Banking <input type="checkbox"/>	Motor Vehicles <input type="checkbox"/>
Aviation & Space <input type="checkbox"/>	High Courts (India) <input type="checkbox"/>	Non Resident Indian (NRIs) <input type="checkbox"/>
Banking & Finance <input type="checkbox"/>	Hotel & Tourism Industry <input type="checkbox"/>	Oil, Petroleum and Gas <input type="checkbox"/>
Child Laws <input type="checkbox"/>	Human Rights <input type="checkbox"/>	Power Energy <input type="checkbox"/>
Civil <input type="checkbox"/>	Immigration <input type="checkbox"/>	Pre Negotiated Services <input type="checkbox"/>
Commercial, Business & Industry <input type="checkbox"/>	Information Technology <input type="checkbox"/>	Real Estate & Construction <input type="checkbox"/>
Computer Software <input type="checkbox"/>	Insolvency and Bankruptcy <input type="checkbox"/>	Regulation <input type="checkbox"/>



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(Please attach a separate A4 sheet if the matter cannot be summarized in the above lines)

VII. **CLAIMS: (ARRANGE IN ORDER WITH DETAILS)**



VIII. **MONETARY VALUE OF THE CLAIM**

In Figures: .....  
In words .....  
.....

IX. **SESSION INFORMATION**

Requested Session Dates.....  
Estimated Session Duration.....

X. **INSTRUCTIONS**

If you wish to proceed with an arbitration by executing and serving a Demand for Arbitration on the appropriate party, please submit

the following items to VIA Mediation Centre Foundation (hereinafter referred to as VIA) with the requested number of copies:

- A. Demand for Arbitration (2 Copies)
- B. Proof of Service of Demand on the Appropriate Party (2 copies)
- C. Entire Contract Containing the Arbitration Clause (2 copies)
  - *To the extent there are any court orders or stipulations relevant to this arbitration demand, e.g. an order compelling arbitration, please also include two copies.*
- D. Administrative Fees  
(As per VIA Fees Schedule)

#### XI. **AUTHORIZATION**

I/We, do hereby authorize VIA to appoint/terminate an arbitrator/ a panel of ..... arbitrators and regulate the arbitration proceedings in the above matter based on the agreement entered into between the aforementioned parties.

I/we state that I/we have read and understood the Arbitration, Mediation and Conciliation Rules of VIA and undertake to abide by the same and declare that they indemnify the Centre, its officers, staff, Executive Board members, Executives and the Mediator/s as per VIA Rules and undertake to pay the fees of the Centre and the Mediator. I/We do hereby agree to ratify and confirm all acts done by VIA or its authorized representative in the matter as my/our own acts, as if done by me/us to all intents and purposes.

**Signature of Party/Parties:**

.....

Place..... Date.....

DATE OF REGISTRATION OF THE DISPUTE: .....

NATURE OF ADR: MEDIATION / CONCILIATION / NEUTRAL  
EVALUATION COLLABORATIVE SETTLEMENT

NAME OF THE NEUTRA.....

COORDINATES OF THE NEUTRAL.....

CATEGORY OF THE NEUTRAL.....

**Signature of Applicant:**

Place.....

Date.....

**For VIA Mediation Centre Foundation**

Name of the Authorized Person :

Designation :

Signature of the Authorized Person :

Seal :

