



SCHEDULE 6

**BEFORE VIA MEDIATION CENTRE FOUNDATION
 NO. _____ OF 20_____**

Claimant/ Complainant

|Vs. |

Respondent/Opposite Party

I/Wethe
 Claimant/ Respondent No. _____ before VIA Mediation Centre
 Foundation (hereinafter referred to as VIA) in the above matter do
 hereby appoint Mr./Ms./Dr./M/s.....

 Advocate/ Counsel/ Authorized Representative to
 represent me/us and act, appear, plead and do all such as acts as I/
 we may instruct him/her/them to do on my/ our behalf in the aforesaid
 matter from time to time. I/ We agree to ratify and confirm all lawful
 acts done on my/ our behalf by the authorized representative/s named
 hereinabove.

I/ We hereby declare that the above authorization has been validly
 made and executed as required under the applicable law to which I/
 we are subject and further that if, by inadvertence or by mistake of law
 or fact, the authorization is found wanting in respect of any necessary
 act that was supposed to have been carried out to validate the
 authorization so made by me/ us supra, I/ we shall carry out such
 act/sat the earliest after it is brought to my/ our notice and for all
 purposes, the authorization executed above shall be deemed to have
 been validly made and effective from the date of execution of this
 authorization, notwithstanding that at the time of its execution, it was
 not validly made, but has since been validated.

I/ We enclose herewith the appropriate and necessary instruments conferring authority on the above persons, executed under the applicable law to which I/ We are subject.

(Signature of Party(s) along with appropriate seal, if any, and address)



Accepted By

W H I T E C O D E

✓ | ^ MEDIATION &

Advocate(s)/Counsel(s) Name :

ARBITRATION CENTRE

Firm Name (If Any)

Domestic • International • Online

Email Id :

Appropriate Disputes Resolution Judiciary

Mobile No :

Address for Service :

Advocate / Counsel For :

Date :

Place :