



调解参与表 MEDIATION PARTICIPATION FORM (ANNEX I b)

I. 争议方 PARTIES IN DISPUTE

被申请人 RESPONDENT

公司名称 Company Name:	_____	电话 Telephone:	_____
法人代表 Company Representation:	_____		
联系人 Contact Person:	_____		
联系地址 Address:	_____		
邮编 Postal Code:	_____	城市, 国家 City, Country:	_____
电话 Telephone:	_____	传真 Fax:	_____
电子邮件 E-Mail:	_____		
代理人 Representation:	_____	电话 Telephone:	_____
联系地址 Address:	_____	传真 Fax:	_____
电子邮件 E-Mail:	_____		

II. 同意参加由下述申请人提起的调解 Agrees to participate in the mediation activated by (the applicant):

申请人 APPLICANT

公司名称 Company Name:	_____

联系地址 Address:	_____

III. 规则和程序 RULES AND PROCEDURES

争议各方同意遵守现行有效的《中意商事调解中心调解规则》。调解程序由调解中心按其规定执行。

The parties agree to be bound by the Rules of ICBMC in force at the time of the filing of the Mediation request. The Mediation proceedings shall be conducted by the Center pursuant to its Rules.

IV. 免于责任和补偿 HOLD HARMLESS AND INDEMNITY

争议各方同意，如果调解员因忠实履行职责而导致任何一方当事人可能承担一定的损失、费用或损害，则各方保证该调解员不会因此受到任何损害。争议双方同意补偿调解员在忠实履行职责时所承担的任何损失、费用或损害。

The party agrees to hold the ICBMC and the mediator(s) harmless for any loss, costs or damage that may result to either party from the mediator's good faith performance of their duties. The party agrees to indemnify the mediator(s) for any loss, costs, or damage they may bear as a result of carrying out in good faith, their duties as mediator(s).

将此表填完后，请传真或发邮件至 RETURN COMPLETED FORM BY FAX OR E-MAIL TO:

中意商事调解中心北京办公室

Italy-China Business Mediation Centre Beijing Office

CCPIT/CCOIC Mediation Centre

010-82217052, adr@ccpit.org

or

Italy-China Business Mediation Centre Milan Office

Milan Chamber of Arbitration

Milan Chamber of Commerce

+39 (0)2 8515 4577, icbmc@mi.camcom.it

被申请人 Respondent:

签字 Sign:

日期 Date:

盖章 Seal: