



Form: 112

## REQUEST FOR USE OF IIAM FACILITIES & SERVICES

Arbitration/Mediation/Conciliation No. : \_\_\_\_\_

Date on which room is required\* : \_\_\_\_\_

Duration : \_\_\_\_\_

Claimant : \_\_\_\_\_

Counsel for the Claimant : \_\_\_\_\_

Address / Tel / Fax : \_\_\_\_\_  
\_\_\_\_\_

Respondent : \_\_\_\_\_

Counsel for the Respondent : \_\_\_\_\_

Address / Tel / Fax : \_\_\_\_\_  
\_\_\_\_\_

Arbitrator(s)/ Mediators(s) : \_\_\_\_\_

Address / Tel / Fax : \_\_\_\_\_  
\_\_\_\_\_

Approximate number of persons likely to participate : \_\_\_\_\_

Require transcripts of depositions & documents  Yes  No

If yes please state which type  Ordinary  Same day

Require floppy containing transcriptions  Yes  No

Require audio recording of depositions  Yes  No

Require conference room  Yes  No

Require training room  Yes  No

Any additional requests  Yes  No

If yes, please state the services required: \_\_\_\_\_  
(Use additional sheets if required)

We undertake to settle and pay all expenses incurred by the Indian Institute of Arbitration & Mediation (IIAM) in respect of the items set out in this form, including such additional services and facilities required for hearing dates to be fixed at a later stage.

Date: \_\_\_\_\_ Name & Signature: \_\_\_\_\_

\* Strike out whichever is not applicable

\* Mention which room is required

\* Cancellation of confirmed booking of hearing room

- Notice given at least 2 weeks prior to the date of hearing – No charge
- Notice given less than 2 weeks prior to the date of hearing – 50% of the room rate.