Mediation Centre PE

MEMBERSHIP APPLICATION FORM

(COMMERCIAL MEDIATION PANEL)

For office use only:

NAME OF APPLICANT: _____

DATE OF APPLICATION: _____

DATE OF PROCESSING: _____

CERTIFICATE OF MEMBERSHIP ISSUED: _____

CODE OF PRACTICE SIGNED: _____

SIGNATURE OF PROCESSOR: _____

INTRODUCTORY NOTES

1. Please attach the following:

1.1. A copy of your identity document

1.2. Your *Curriculum Vitae*

1.3. A copy of your proof of payment of membership fees

1.4. Copies of all qualifications

2. An **annual fee** of **R400** is payable by all **personal applicants**; a **corporate annual fee** of **R1200** will cover any firms irrespective of number of partners/ employees. The fee is payable as follows:

Name of Account: Mediation Centre Port Elizabeth

Bank: FNB Cheque Account Number:63127909604; Branch Code No.: 261050.

Please note the above fee will entitle the successful applicant to membership from date of process to the end of the current year.

3. Please give as much detail as possible about your prior experience, areas of interest and specialization. Kindly mark "not applicable" to sections that have no application to you.

APPLICATION FORM

A. GENERAL INFORMATION

1. SURNAME: _____

2. FIRST NAMES: _____

3. I.D. NUMBER: _____

4. TITLE: Professor Dr. Mr. Mrs. Miss Ms. Other: _____

5. ADDRESS: Name of firm/company/organization: _____

Postal address: _____

Postal code: _____

Street address: _____

Postal code: _____

City: _____

e-mail address: _____

Telephone: _____ (h) _____ (w) _____

Facsimile: _____ (cell) _____

6. PRESENT POSITION: _____

B. QUALIFICATIONS

7. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS:

Institution	Qualification

8.

8. LANGUAGES:

Language proficiency	Read* Write*

9.

9. MEMBERSHIP OF PROFESSIONAL BODIES:

Name of Professional Body	Nature of Membership

10.

C. INFORMATION IN SUPPORT OF YOUR APPLICATION

10. DO YOU WISH TO BE CONSIDERED FOR APPOINTMENT AS:

A COMMERCIAL MEDIATOR (please circle) YES / NO

11. AREAS OF SPECIALISATION:

12.

12. PROVIDE DETAILS OF EXPERIENCE IN COURT LITIGATION (IF ANY):

13.

13. PROVIDE DETAILS OF EXPERIENCE IN COMMERCIAL MATTERS:

14.

14. PROFESSIONAL TRAINING IN COMMERCIAL MEDIATION:

15.

15. PREVIOUS EXPERIENCE IN MEDIATION (if any):

16.

16. PROVIDE DETAILS OF YOUR FEES: (as on date of application)

Commercial :

What is your daily fee? _____

What is your hourly fee? _____

ANY ADDITIONAL RELEVANT INFORMATION:

17. APPLICATION

My proof of payment for R400/ R1200 is enclosed.

I apply for membership of the Commercial Mediation Panel of Mediation Centre on the basis of the above information.

I herewith confirm that I have noted the Code of Practice for Mediators and that I fully subscribe thereto.

I herewith agree to pay an annual membership fee (which shall be decided at the annual AGM) to Mediation Centre on or before the 1st of March each year in order for me to re-

tain my membership in the Association and shall provide Mediation Centre with an annual update of my details and any changes thereto.

I further undertake to disclose to Mediation Centre when and if I have been approached to act as a mediator or in any other capacity as a result of Mediation Centre furnishing the parties with information or if the matter is to be conducted in terms of the Rules and Procedures of Mediation Centre.

I authorize Mediation Centre to make available my CV on request by potential disputants.

SIGNATURE _____

DATE