



# INDIAN INSTITUTE OF ARBITRATION & MEDIATION

## IIAM MEDIATION RECORD FORM

Name of Mediator	
Address	
Telephone(s)	
Fax / Email	
Mobile	
Nationality	
Occupation	
Mediation Parties	
Date	
Venue	
Time	
Hours	
Result	

The facts stated above are correct.

Date:

Signed by:

Signed by:

\_\_\_\_\_  
MEDIATOR

\_\_\_\_\_  
IIAM DIRECTOR