

Mediator Registration Form

General Information

1. Name:

2. C.N.I.C. No:

3. N.T.N. No:

4. Present Address:

5. Permanent Address (if different from above):

6. Current Employment/Occupation:

7. Business Address:

8. Telephone Numbers:

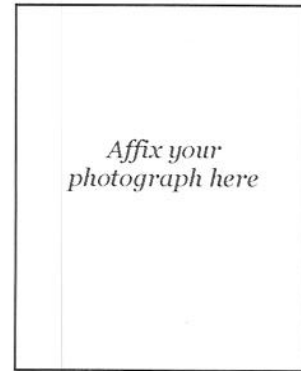
Home: _____

Office: _____

Fax: _____

9. E-mail Address:

10. Date of Birth: ___ / ___ / _____



Professional Background

1. What is your primary occupation?

2. What is your current employment status?

- Retired
- Unemployed
- Employed full time in your primary occupation
- Employed part time in your primary occupation

If employed part time, please write your other occupation(s)

3. If you have been associated with your current employer/occupation for less than five years, please list your prior employments/occupations and dates.

S #	Employer	Address	Associated from – to	Designation and Nature of work
a)				
b)				
c)				
d)				
e)				

4. Please list all professional licenses, with license numbers, which you consider relevant to registration.

5. Please list any affiliations and memberships of professional associations/clubs/organizations which you consider relevant to registration.

Educational Qualification

1. What is the highest qualification you have attained to date? _____
2. Educational Profile:

S#	Institution	Address	Dates attended from – to	Degree title	Major
a)					
b)					
c)					
d)					
e)					

Other Information

1. Have you, either as an adult or a juvenile, been convicted in violation of any law?
(This excludes minor traffic violations)
 - No
 - Yes

If yes, please write down the details below

2. Have you ever been denied a license for business, trade, or profession, or had such a license revoked?
 - No
 - Yes

If yes, please write down the details below

3. Have you ever been disbarred, suspended, censured, or otherwise reprimanded, disqualified or disciplined as an advocate, as a member of any other profession, or as a holder of public office?
 - No
 - Yes

If yes, please write down the details below

Mediation Information

1. Please list down the general and/or specific Mediation trainings you have received prior to this date.

S#	Course	Training Organization	Dates from – to	Duration (in hrs)	Result of assessment
a)					
b)					
c)					
d)					

2. Please list the five most recent cases, if any, in which you have served as a mediator.

S#	Subject Area of the case	Independent/ Organization	Date(s)	No. of sessions	Outcome
a)					
b)					
c)					
d)					
e)					

3. If you have expertise in any specific subject(s) that may prove useful for your selection as a mediator in the relevant cases, please list them below.

4. Please list down any limitation on the mediations you wish to undertake (such as the limitation of subject matter, etc.).

Declaration

I, the undersigned, hereby apply for registration into the Karachi Centre for Dispute Resolution's Panel of Mediators, and if selected, I will adhere to the Code of Conduct and the Terms of Reference provided to me by the KCDR.

I also agree to the payment of Rs. 5000/- (Pakistan Rupees Five Thousand only), non-refundable, as the application/registration fee.

I further state that the information provided in this form is correct to the best of my knowledge and intention.

Signature: _____

Name: _____

Date: ___ / ___ / _____

Please provide the following documents/information with your completed form:

- Passport size photograph*
- Updated C.V.*
- Names and contact information of three Referees*
- Attested copy of the C. N. I. C.*
- Attested copy of the N. T. N. Certificate*
- Attested copies of higher education certificates listed in the form*
- Attested copies of Mediation Training Certificates*
- Attested copies of listed licenses*
- Attested copies of listed professional membership certificates*

Please note that your application will not be processed without the payment of Rs. 5000/- (Pakistan Rupees Five Thousand only), non-refundable, as the registration/application fee.

For Cheque: Please issue the cheque in the name of Karachi Centre for Dispute Resolution

For Bank Transfer: Please use the following information

Bank: Habib Bank Limited
Address: Clifton, Kehkashan Branch, Karachi
Acct. Name: Karachi Centre for Dispute Resoltuion
Acct. No: 17837000019303
Swift Code: HBBPKKA

Please send the cheque/confirmation receipt of Telegraphic Transfer along with your application.