

B4.

Para. 54(1)

ADR Offer

Case Reference No:	
Date:	
Details of Applicant(s):	Claimant/ Defendant/ Third Party/ Others (please state)* _____

The Applicant(s) are willing to attempt mediation/ neutral evaluation/ others
(please state)*

Please state proposals, e.g. possible dates for the ADR session, reference to particular ADR body, appointment of particular ADR practitioner, venue, etc.

* Delete as appropriate

Name of Applicant(s):	
Signature of Applicant(s):	
Name of Counsel (if applicable):	
Law Firm (if applicable):	
Signature of Counsel (if applicable):	
Insurance Company (if applicable):	
Name of Authorised Representative of Insurance Company (if applicable):	
Signature of Authorised Representative of Insurance Company (if applicable):	