

ANNEX A – MANDATORY INFORMATION REQUIRED FOR REFERRAL FROM AGENCIES

Please note that you should only fill in this form if you are a representative from an agency and would like to refer a case to the Community Mediation Centre (CMC). **ALL** fields in this form is mandatory.

Details of the Referral Agency

Name of Agency : _____

Name of Referral Officer : _____

Designation : _____

Contact Number : _____

Email Address : _____

Confirmation that you have obtained the Applicant's consent to refer the case to CMC : Yes / No

Details of the Dispute

Relationship between the Applicant and the Respondent

Nature of dispute between the Applicant and the Respondent

Brief description of the dispute

Details of the Applicant (Primary Applicant)

Name of Applicant : _____

NRIC/PPT/FIN No : _____

Residency Status : _____

Address : _____

: _____

Contact Number : _____

*If there is more than one Applicant for this case, please fill up another form of the same section

Details of the Respondent (Primary Respondent)

Address of Respondent : _____

: _____

*If there is more than one Respondent for this case, please fill up another form of the same section