

**APPLICATION FOR REIMBURSEMENT
UNDER MEDIATION PROMOTION SCHEME (MPS)**

**Intellectual Property Office of Singapore
Hearings and Mediation Group**

1. Details of Case before IPOS

IPOS Case Reference Number:

Name of Applicant for Reimbursement:

2. Details of Mediation

Start Date of Mediation Process:

End Date of Mediation Process:

Mediation Service Provider:

Country of Mediation: Singapore

3. Conditions of Claim for Reimbursement

Agent fees (if any): I confirm that this has been / will be¹ provided in Annex A².

Questionnaire : I confirm that the questionnaire in Annex B has been completed.

4. Documents and Payment Information for Reimbursement

Invoice and Payment Receipt: I confirm that these are attached.

Payment Details Instruction to IPOS: I confirm that the fields in Annex C have been completed.

¹ Delete as appropriate

² If the dispute is not fully settled after mediation, and the parties continue the proceedings before the IPOS Registrar, Annex A is to be submitted at the close of the proceedings. We will process this MPS application upon receipt of the completed Annex A. In this regard, parties can expect the reimbursement after the close of proceedings before the IPOS Registrar, if all the conditions are met.

5. Contact Details³

Name & Designation:

Address:

Contact No.:

Email address:

6. Terms and Conditions

By signing and submitting this application form, I acknowledge the following:

- (i) IPOS may ask for more information in order to be satisfied that all the conditions of the MPS are met.
- (ii) IPOS may refuse to reimburse if any of the conditions of the MPS is not met to any extent.
- (iii) IPOS may determine the circumstances in which the reimbursement may be pro-rated.
- (iv) IPOS may seek repayment of any reimbursement which has been disbursed should any information provided as part of the conditions of the MPS be inaccurate or incomplete to any extent.

Name of Person Signing this Form⁴:

Designation of Person Signing this Form:

Signature:

Date:

³ Please provide a contact person with whom we can get in touch in relation to this application.

⁴ Please ensure that the person signing this form is in a position of authority in relation to the Applicant for Reimbursement.

MEDIATION PROMOTION SCHEME (MPS)
AGENT FEES DISCLOSURE (S\$)

Item (where applicable)	No. of Hours	Total Charge for Each Stage	Comments (if any)
Pre-action advice			
Pleadings (Preparation)			
Pleadings (Review)			
Interlocutory hearing (Preparation)			
Interlocutory hearing (Attendance)			
Evidence (Preparation of Own Evidence)			
Evidence (Review of Counterparty's Evidence)			
Full hearing (Preparation)			
Full hearing (Attendance)			
Taxation (Preparation)			
Taxation (Attendance)			
Mediation related expenses ⁵			
Miscellaneous ⁶			
Total			

⁵ This refers to agent fees relating to mediation. For example, agents fees for representing the party at the mediation.

⁶ This refers to any other agent fees which do not fall under the categories above. For the avoidance of doubt, this **excludes** disbursements.

MEDIATION PROMOTION SCHEME (MPS)
QUESTIONNAIRE

1. Details of Mediation

Mediation Service Provider (Organisation):

Name of Mediator:

Either (i) Name of Co-mediator⁷:

Or (ii) Name of Shadow Mediator⁸:

Stage of Dispute when referred to Mediation:

2. Feedback

PROCESS		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	We are satisfied with the mediation process.					
2	The mediation was effective in resolving the dispute.					
3	We have used mediation before.	Yes / No ⁹				
4	We are likely to use mediation again.					
5	We are likely to recommend mediation to others.					
MEDIATION SERVICE PROVIDER / MEDIATOR		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

⁷ If this is not applicable, please indicate "NA".

⁸ If this is not applicable, please indicate "NA".

⁹ Please select "yes" or "no".

6	We are satisfied with the support provided by the mediation service provider.					
7	We are satisfied with the mediator(s).					
OUTCOME		Yes, Fully	Partially	Not At All		
8	Our dispute was resolved at the mediation.					
9	If the dispute was not resolved, please indicate the reasons.					
MOTIVATION FOR MEDIATION						
10	Is the availability of the funding a major factor for you to consider mediation?					
11	How likely are you to use mediation again if there is no funding available?					
12	What other reasons will encourage you to consider mediation for future disputes?					
13	Please share any other comments, thoughts and/or suggestions.					

3. Consent

To enable IPOS to promote awareness of mediation, please indicate whether you consent to your case being used as an example of a success story (with details anonymised and generalised):

I agree.

I do not agree.

Instruction to IPOS on Payment of Claims Form

1a) For Payment via GIRO

Interbank transfer details (Local Bank)

Beneficiary name as per bank: _____

Bank Name : _____

Bank Address : _____

Branch : _____

Branch Code : _____

Bank Account Number : _____

1b) For Payment via Cheque/Bank Draft

Cheque/Bank Draft Details

Beneficiary name as per bank: _____

Beneficiary's Address : _____

1c) Contact Details (Notification of Payment)

Contact Person : _____

Email Address : _____

**Reimbursement will be credited to the interbank account within 30 days.*