



## Request for Mediation / Ombuds-support

Under the aegis of the Swiss Chambers' Arbitration Institution (SCAI), in accordance with the [Rules of Mediation for Financial Service Disputes](#)

**To be filled in, dated, and signed, then sent by post and email, to the**

**Swiss Chambers' Arbitration Institution, c/o CCIG, 4 Boulevard du Théâtre,  
Postal Box 5039, CH-1211 Geneva 11- email: [geneva@swissarbitration.org](mailto:geneva@swissarbitration.org)**

Or

**Swiss Chambers' Arbitration Institution, c/o ZHK, 11 Löwenstrasse 11,  
Postal Box, CH-8021 Zürich- email: [zurich@swissarbitration.org](mailto:zurich@swissarbitration.org)**

The undersigned financial service customer/s

Family/Company Name \_\_\_\_\_ Address \_\_\_\_\_

First Name \_\_\_\_\_ Place \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Has/have a complaint against

Name of the financial service provider \_\_\_\_\_

(Branch address \_\_\_\_\_)

which is affiliated to the SCAI Mediation Organ for Financial Services : YES NO.

If the financial service provider is not affiliated with the SCAI Mediation Organ/Ombudsman, do you have a clause in your contract or another form of agreement to submit your dispute to the SCAI Mediation Organ/Ombudsperson?

YES :                      NO:

Is your dispute involving documents and information in the hands of a bank or a third party?

Name of the bank/third party \_\_\_\_\_

(Branch address \_\_\_\_\_)



## Mediation Department

- ☐ I confirm that I have put my questions and complaints to the relevant financial service provider and bank(s) already and that I have attempted to find a settlement.

Otherwise, please explain:

---

---

---

- ☐ I confirm that the dispute was not already the object of another mediation between the same parties, and that no other mediation/conciliation/ombudsperson or –entity, or court, arbitral tribunal or an administrative entity has been seized with the same subject matter between the same parties.

Otherwise, please explain:

---

---

---

- ☐ I confirm that my questions and complaint neither concern questions of general business and fee policy nor abstract business and legal questions.

Otherwise, please explain:

---

---

---

- ☐ I ask the SCAI Ombudsperson (the “Ombudsperson”) to examine my request and authorise him/her to enter into direct contact with the financial services provider and the bank(s) or third party(ies) named to ask them to forward, at their own discretion, letters and documents that I provided them with. I herewith release the financial service provider(s) and bank(s) from their obligation of confidentiality in their contacts with the Ombudsperson and myself.

Short description of the dispute:

---

---

---

---

---

---

---

---

---

---

Amount in dispute: CHF \_\_\_\_\_.

**Other information**

Description of any desired qualifications of the Ombudsperson (if available): \_\_\_\_\_

Language of the mediation: \_\_\_\_\_.

**Registration fees**

- ☐ I confirm that I have paid the registration fees of **CHF 100.-** to the following account and took note that these are not reimbursable:

<b>Bank</b>	UBS Switzerland AG
<b>Beneficiary/Account Holder</b>	Swiss Chambers' Arbitration Institution
<b>IBAN</b>	CH280024024094403401V
<b>Account number</b>	944034.01V
<b>BIC</b>	UBSWCHZH80A
<b>Reference</b>	[Names of the parties] – Financial Mediation

- ☐ If there are other persons or entities who would like to join me as a Requesting Party in this mediation, they shall each pay a registration fee of CHF 100.- on the same bank account.

**Further Confirmations:**

- ☐ I took note of the following information: The Ombudsperson does not act as an attorney, but as a mediator. Invocation of the Ombudsperson does not impede or interrupt legal deadlines such as statutes of limitations, forfeiture-, court- or administrative time limits, and it is my responsibility that such time limits are respected and adhered to.
- ☐ These proceedings will be conducted in accordance with the Rules of Mediation for Financial Service Disputes in force at the time of submission of the request.

Place \_\_\_\_\_ Date \_\_\_\_\_ Personal/Company Signature \_\_\_\_\_

**If there are counsels involved, please fill in their contact details on the next page.**

**If other parties request to take part to the mediation, please complete Annex 1 of this form**

**Contact details of the counsels** (if any)

Counsel/s of the financial service customer/s

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Counsel/s of the financial service provider

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Counsel/s of the bank

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Counsel/s of the third-party

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Annex 1: Multiparty mediation**

Contact details of the other Requesting Party/ies:

**Requesting Party 2**

Family/Company Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Place	Date	Personal/ Company Signature
_____	_____	_____

**Requesting Party 3**

Family/Company Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Place	Date	Personal/ Company Signature
_____	_____	_____

**Requesting Party 4**

Family/Company Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Place	Date	Personal/ Company Signature
_____	_____	_____