File:

# Declaration of acceptance, availability and independence by the mediator

I the undersigned,

Surname: .......................................................First name: ............................................

## ACCEPTANCE

 Accept the mission in accordance with the CEPANI Rules.

## AVAILABILITY

 Confirm**,** on the basis of the information presently available to me, that I can devote the time necessary to conduct this mediation diligently, efficiently and in accordance with the time limits in the Rules.

## INDEPENDENCE

 declare that I am fully independent of:

 the parties

 their legal counsel

 draw CEPANI’s attention to the following facts and circumstances that could lead any of the parties to doubt my independence (use a separate sheet if necessary).

\* \* \*

 declare that I shall abide by the “Rules of good conduct for procedures requiring the intervention of CEPANI” enclosed as Schedule II to the CEPANI Mediation Rules.

Done at .............................., on ......................................

Signature:

*Tick the corresponding boxes.*