# Dispute Resolution

## Notice of Intent to Dispense with Mediation

Dispute Resolution No.:

**FROM:**

***Applicant*:**

Party Name:

Party’s Representative:

Street Address:

City, Province:

Postal Code:

Telephone Number:

Fax Number:

**and**

***Respondent*:**

Party Name:

Party’s Representative:

Street Address:

City, Province:

Postal Code:

Telephone Number:

Fax Number:

**TO:**

The *Secretary*, *Dispute Resolution Panel*

120 Adelaide Street West

Suite 1600

Toronto, Ontario

M5H 1T1

Fax: 416-506-2843

**In the Matter of the Mediation of a Dispute Between**

**Applicant(s) [\*\*Party Name\*\*]**

**and [Respondent(s) [\*\*Party Name\*\*]**

**Dispute Number:**

**Notice of Intent to Dispense with Mediation**

The parties to the dispute have, in accordance with Chapter 3, Section 2.6 of the *Market Rules*, agreed to dispense with mediation in respect of the dispute and to proceed to arbitration under Chapter 3, Section 2.7 of the *Market Rules*.

Dated at the City of      , in the Province/State of      , this day of      ,      .

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant’s Representative:

Dated at the City of      , Province/State      , this       day of      ,      .

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Respondent’s Representative: