

To the Case Management Service

Please complete and return this document by fax to +39 06 6919.0408

Mr./Ms. (Party) _____ on behalf of _____,
address _____, city _____, postal or ZIP code _____,
telephone _____, fax _____, e-mail _____

Authorizes ADR Center S.p.A.

to contact Mr./Ms. (Counterparty) _____, on behalf of _____,
address _____, city _____, postal or ZIP code _____,
telephone _____, fax _____, e-mail _____

for the purposes of:

a) evaluating the possibility of an attempt to resolve through mediation the dispute existing
between them regarding _____

_____, and

b) organizing an initial meeting, if appropriate.

No fees are due to ADR Center for the service of contacting the Counterparty.

This authorization is valid for _____ (_____) days from the date of receipt of this form
by ADR Center, and it may be extended if agreed upon by the parties.

It is understood that ADR Center undertakes to maintain the maximum feasible confidentiality
of all information it acquires in the execution of this authorization, and with respect to
regulations on the protection of personal data.

Place _____, Date _____, Signature _____