

PARTICIPATION FORM

MEDIATION N. _____

1) PART

NAME:

SURNAME:

RESIDENCE ADDRESS:

EMAIL:

TELEPHONE NUMBER:

2) LAWYER DATA

NAME:

SURNAME:

MAIL:

TELEPHONE NUMBER

3) DESCRIPTION OF THE CASE

DATE

SIGN

- 1- FILL AND SIGN THE FORM
- 2- SEND THE FORM WITH COPY OF IDENTITY CARD/PASSPORT BOTH PART AND LAWYER - THE PAYMENT RECEIPT
- 3- SEND TO INFO@PEC.MEDYAPRO.IT OR FAX TO +39 045 8302748.

PAYMENT

non-refundable filing fee 40 euro + V.A.T. (80 euro if the case amount is over 250,000) to bank name indicato

BANCO BPM – Banca Popolare di Verona account holder Progest Servizi srl

account number IBAN IT50M0503411716000000000657

BIC /SWIFT è BAPPIT21116