**COUNSELLING / CONCILIATION FORM
 MALAYSIA FRANCHISE ASSOCIATION (MFA)**

**Notes: REQUEST FOR COUNSELLING/CONCILIATION -** on a strictly without prejudice and without admission of liability basis. All parties interested to use MFA Counselling/Conciliation Process must complete and sign this form and agree to be bound by the terms of reference set out herein. MFA reserves the right to reject any application without rendering reason.

Counselling / Conciliation Session at MFA (“the Session”) will be set down for a maximum of 2 hours only.

Parties will be notified of the Counselling/Conciliation date in writing.

Failure by either party to attend the Session without giving an advance prior written notice of 24 hours will result in forfeiture of the Administrative Charges

Parties are urged to attend the Session without their outside legal counsel

*FILL UP completely with all the information required.*

|  |
| --- |
| **SECTIONE A – COMPANY DETAILS** |

|  |  |  |
| --- | --- | --- |
| **FRANCHISE CATEGORY** |  | **MEMBERSHIP CATEGORY** |
|  |  |  |  |
|  | Franchisor |  |   | Member (M/ship no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | Franchisee |  |  | Non-Member |
|  | Master Franchisee |  |  |  |
|  | Others: please stated |  |  |  |

|  |
| --- |
| **COMPANY INFORMATION**  |
| Name |  |  |
| I/D No. |  | Position |
| Company Name |  | Brand |
| Address |  | Tel. No  |
|  | Fax. No  |
|  | Email |

|  |
| --- |
| **SECTION B - DETAILS OF CASE / ISSUE** |

**To:** Secretariat of MFA, Consultation & Welfare

## Part A: Parties

We, ……………………………. of (“Party A”) are the franchisor / master franchisee / franchisee\* of franchise brand and would like to initiate the Counselling/Conciliation Process with MFA.

We would like MFA to invite our franchisor/ master franchisee / franchisee\*, ……………………………. of to attend the session to resolve disagreements, conflicts, or disputes.

## Part B: Available time slots for the Session

The Parties’ available free time slots for attending the sessions are:

Party A:

1st Choice:

2nd Choice:

3rd Choice:

Party B:

1st Choice:

2nd Choice:

3rd Choice:

**Part C: Brief Background of Disagreements, Conflicts or Disputes**

|  |  |
| --- | --- |
| **Nature of Disagreement [examples only]** | **Brief details** |
| * Concerns about payment/charges of franchise fee, royalty, promotion/marketing fees, calculation of gross sales, interest rate
* Non-compliance of Franchise Agreement/Manuals\* – to specify the non- compliance events.
* Conducting similar business
* Lack of support, guidance, or assistance
* Issues regarding franchise system/operation process
* Encroachment of territorial rights
* Concerns regarding poor performance or inability to meet targets/KPI set
* concerns about intellectual property rights (brands, confidential information, trade secrets or copyright)
* others………

[to specify] |  |

**Part D: Preferred language for conducting the Session (if applicable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Bahasa Malaysia |  | English |  | Others [to specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part E: Without Prejudice Basis and Confidential**

*The Parties expressly agree that: (a) all communications made, including information and documents disclosed and views expressed, are made on a confidential and strictly “without prejudice” basis and cannot be used in any proceedings by any Party; (b) the Counsellor/Conciliator, MFA, its committee and sub-committee members and employees must not be compelled to divulge such records or to testify as a witness, consultant, or expert in regard to such matter in any proceedings.*

**Part F: Disclaimers**

*The Parties hereby expressly agree that the appointed Counsellor/Conciliator, MFA, its committee and sub-committee members and employees shall not be liable to any of the Parties for any comments, acts or omission in connection with the Counselling/Conciliation.*

**Part G: Signatures**

|  |  |
| --- | --- |
| **Party A:**--------------------------------------------------------Authorised Representative’s name:NRIC/Passport No.Title/designation: Date: | **Party B:**--------------------------------------------------------Authorised Representative’s name:NRIC/Passport No.Title/designation: Date: |

*\*to delete whichever not applicable*