



Financial Services
Commission
of Ontario

Consent to Extend Time for Mediation Form

Dispute Resolution Services, Mediation Unit
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Mediation File Number

File Information

Last Name	First name	Date of Loss
Policy Number		Claim Number
Claimant's Representative		Claimant's Representative File Number

Consent

If joint consent to extend the time for mediation is received the file will join the queue with all other mediation files to be booked for a mediation meeting.

☐ We hereby consent to extend the time for the completion of the mediation process on this Mediation file.

Signatures

Claimant's Name	Signature	Date (yyyy/mm/dd)
Witness's Name	Signature	Date (yyyy/mm/dd)
Claimant's Representative's Name and Title (if applicable)	Signature	Date (yyyy/mm/dd)
Witness's Name	Signature	Date (yyyy/mm/dd)
Insurance Company		
Insurer Representative's Name and Title (if applicable)	Signature	Date (yyyy/mm/dd)
Witness's Name	Signature	Date (yyyy/mm/dd)