



Republic of the Philippines
Department of Agriculture
NATIONAL TOBACCO ADMINISTRATION

MEDIATION / ARBITRATION

Date Requested: _____

Name of Complainant Farmer: _____

Address: _____

Area planted (ha): _____ Type of Tobacco Produced: _____

Name of Respondent Buying Station / Buyer Firm (Market tie-up): _____

Nature of Complaint:

Improper Grading

Buying Below Floor Price

Improper Weighing

Others (Specify) _____

Brief Statement of Facts: _____

Did the parties agree to settle between themselves? Yes No

If no, state recommendation: _____

I/we hereby affix my/our signature/s below to affirm that I/we agree and comply with the settlement/resolution made by the Mediator/Arbitrator.

Complainant: _____
(Signature over printed name)

Respondent: _____
(Signature over printed name)

Witnesses:

For the Complainant

For the Respondent

ATTESTED BY:

NTA Mediator/Arbitrator: _____
(Signature over printed name)

Date: _____