

🤶 No 9 Dao Duy Anh, Dong Da, Hanoi

(+84-24) 3 574 4001 - 10 (+84-24) 3 574 3001

HO CHI NINH CITY BRANCH

9 No 171 Vo Thi Sau, District 3, Ho Chi Minh City

📡 (+84-28) 3 932 1632 - 💷 (+84-28) 3 932 9555

www.vmc.org.vn

# OFFER TO MEDIATE

			Date/month/year:	
DETAILS OF PARTIES				
APPLICANT (OFFEROR)		RESPONDENT (OFFEREE)		
(Name of the company, organization, or name of the individual where the requesting party is an individual):		(Name of the company, organization, or name of the individual where the requesting party is an individual):		
Name of Legal Representative (For company or organization):		Name of Legal	Representative (For company or organization):	
Name of Auth	orized Representative (If applicable):	Name of Autho	rized Representative (If applicable):	
Address (According to Enterprise Registration Certificate (ERC)/Investment Registration Certificate (IRC) for company, organization; ID Card for individual):		Address (According to Enterprise Registration Certificate (ERC)/Investment Registration Certificate (IRC) for company, organization; ID Card for individual):		
City:		City:		
Country:		Country:		
Postal Code:		Postal Code:		
Phone:		Phone:		
Fax:		Fax:		
Email:		Email:		
	DETAILS OF THE DISPUTE			
Summary of dispute: * Additional information may be provided in the enclosures if necessary				
" Additional In	normation may be provided in the enclosures it neces	sary		



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We, by means of this Mediation Proposal, request

to conduct mediation at Vietnam Mediation Center

(VMC), a division of Vietnam International Arbitration Center.

We request support from Vietnam Mediation Center so that the mediation agreement can be reached and the mediation process is initiated in accordance with the Mediation Rules of Vietnam Mediation Center.

Mediator nominated by Applicant:

#### MEDIATOR PREFERENCES

	Listed in Vietnam Mediation Center's List of Mediato	ors
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#### □ Not listed in Vietnam Mediation Center's List of Mediators

Address:

Phone:

Email

Request Vietnam Mediation Center to appoint 01 Mediator to resolve the dispute.

\* Applicant's preference for the Mediator's Background and Skills.

Digital signature / Electronic signature:

(If this form is signed by Authorized Representative, please attach the Power of Attorney)

Full name:

Position:

Date of submission:

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#### **APPLICANT #2**

(Name of the company, organization, or name of the individual where the requesting party is an individual):

Name of Legal Representative (For company or organization):

Name of Authorized Representative (If applicable):

Address (According to Enterprise Registration Certificate (ERC)/ Investment Registration Certificate (IRC) for company, organization; ID Card for individual):

City:	City:	
Postal Code:	Phone:	
Fax:	Email:	

## **APPLICANT #3**

(Name of the company, organization, or name of the individual where the requesting party is an individual):

Name of Legal Representative (For company or organization):

Name of Authorized Representative (If applicable):

Address (According to Enterprise Registration Certificate (ERC)/ Investment Registration Certificate (IRC) for company, organization; ID Card for individual):

City:	Country:
Postal Code:	Phone:
Fax:	Email:



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#### **RESPONDENT #2**

(Name of the company, organization, or name of the individual where the requesting party is an individual):

Name of Legal Representative (For company or organization):

Name of Authorized Representative (If applicable):

Address (According to Enterprise Registration Certificate (ERC)/ Investment Registration Certificate (IRC) for company, organization; ID Card for individual):

City:	Country:
Postal Code:	Phone:
Fax:	Email:

### **RESPONDENT #3**

(Name of the company, organization, or name of the individual where the requesting party is an individual):

Name of Legal Representative (For company or organization):

Name of Authorized Representative (If applicable):

Address (According to Enterprise Registration Certificate (ERC)/ Investment Registration Certificate (IRC) for company, organization; ID Card for individual):

City:	Country:
Postal Code:	Phone:
Fax:	Email: