

## OFFER TO MEDIATE

Date/month/year:

### DETAILS OF PARTIES

#### APPLICANT (OFFEROR)

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

#### RESPONDENT (OFFEREE)

(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 Authorized Representative (If applicable):

Name of Authorized 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

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

<input type="checkbox"/>	Listed in Vietnam Mediation Center's List of Mediators
<input type="checkbox"/>	Not listed in Vietnam Mediation Center's List of Mediators
Address:	
Phone:	
Email	
<input type="checkbox"/>	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:	

## 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:	

## 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:	