









## RESPONSE TO OFFER TO MEDIATE

Day/month/year:							
DETAILS OF PARTIES							
AP	PLICAN	T (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 Authorized Representative (If applicable):				
INGI	ne oi Auin	orized Representative (If applicable):	Name of Aumo	rizea representative (ii 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	<b>′</b> :		City:				
Country:			Country:				
Postal Code:			Postal Code:				
Phone:			Phone:				
Fax:			Fax:				
Email:			Email:				
We received Letter No. / VMC dated and the Request for Mediation dated							
	of Response  We agree to conduct mediation at VMC.						
	We do no	ot agree to conduct mediation at VMC.					
MEDIATOR PREFERENCES							
	We agree	We agree to the Mediator nominated by Applicant  Name of the Mediator nominated by Respondent:					
	Name of	Mediator:	*If Respondent does not agree to the Mediator nominated by Applicant:				
	Listed in VMC's List of Mediators.						



**HEADQUARTER IM HANO! №** No 9 Dao Duy Anh, Dong Da, Hanoi **№** (+84-24) 3 574 4001 - **Ⅲ** (+84-24) 3 574 3001

HO CHI MINH CITY BRANCH

№ No 171 Vo Thi Sau, District 3, Ho Chi Minh City
 № (+84-28) 3 932 1632 - 1 (+84-28) 3 932 9555



	Not listed in VMC's List of Mediators.							
	Address:							
	Phone:							
	Email:							
	Request Vietnam Mediation Center to appoint 01 Mediator to resolve the dispute.							
*Respondent'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:					
Dat	Date of filling:							



HEADQUARTER IN HANOI

No 9 Dao Duy Anh, Dong Da, Hanoi
 (+84-24) 3 574 4001 - 6 (+84-24) 3 574 3001

HO CHI MINH CITY BRANCH

№ No 171 Vo Thi Sau, District 3, Ho Chi Minh City
 № (+84-28) 3 932 1632 - 1 (+84-28) 3 932 9555



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, 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:					
RESPONDEN	T #3						
(Name of the co	mpany, organization, or name of the individual where t	he requesting par	ty is an individual):				
Name of Legal R	epresentative (For company, organization):						
Name of Authoriz	zed 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:					