

RESPONSE TO OFFER TO MEDIATE

Day/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 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:	
We received Letter No. _____ / VMC dated _____ and the Request for Mediation dated _____ of _____ Response _____			
<input type="checkbox"/>	We agree to conduct mediation at VMC.		
<input type="checkbox"/>	We do not agree to conduct mediation at VMC.		
MEDIATOR PREFERENCES			
<input type="checkbox"/>	We agree to the Mediator nominated by Applicant Name of Mediator:	Name of the Mediator nominated by Respondent: *If Respondent does not agree to the Mediator nominated by Applicant:	
<input type="checkbox"/>	Listed in VMC's List of Mediators.		

<input type="checkbox"/>	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:		
<u>Digital signature / Electronic signature</u>		
<hr style="border: 0.5px solid red;"/>		
<i>(If this form is signed by Authorized Representative, please attach the Power of Attorney)</i>		
Full name:	Position:	
Date of filing:		

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:	

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, 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:	