





HO CHI MINH CITY BRANCH





RESPONSE TO REQUEST FOR MEDIATION

Day/month/year:					Day/month/year:		
	DETAILS OF PARTIES						
APPLICANT				RESPONDENT			
(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			
WHE	re me requ	resiing ba	ity is attitualiaaal).	where the requ	esting party is an individual):		
Nar	ne of Lega	al Represei	ntative (For company or organization):	Name of Legal	Representative (For company or organization):		
Name of Authorized Representative (If applicable):			presentative (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):			Registration Certificate (IRC) for	Address (According to Enterprise Registration Certificate (ERC)/ Investment Registration Certificate (IRC) for company, organization; ID Card for individual):			
City	<i>'</i> :			City:			
Col	untry:			Country:			
Pos	tal Code:			Postal Code:			
Pho	ne:			Phone:			
Fax	:			Fax:			
Emo	ail:			Email:			
We	received L	etter No.	/ VMC dated Response		and the Request for Mediation dated		
	We agree		uct mediation at VMC.				
	We do no	ot agree t	o conduct mediation at VMC				
			MEDIATOR PI	DEFEDENICES			
			WIEDI/ (TORT)	(El EKEINOLO			
	ne of Med			Name of the Mediator nominated by Respondent:			
*If parties mutually agreed on the Mediator				Applicant	ent does not agree to the Mediator nominated by		
☐ Listed in VMC's List of Mediators							
	Not listed in VMC's List of Mediators						
	Address:						
	Phone:						
	Email:						



HEADQUARTER IN HANOI					
🦞 No 9 Dao Duy Anh, Dong Da, Hanoi					
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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

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1000	www.vmc.org.vn
	info.vmc@viac.org.vn

	Requesting Vietnam Mediation Centre to appoint 01 Mediator for dispute resolution.						
*Respondent's preference for the Mediator's Background and Skills:							
	DETAILS OF THE DISPUTE						
	mmary of dispute: dditional information may be provided in the enclosures if necessary						
710	administration management and be provided in the endeaded in necessary						



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Requests of the Respondent:							
Manadamusahan							
Monetary value:							
<u>Digital signature / Electronic signature</u>							
(If this form is signed by Authorized Representative, please attach the Power of Attorney)							
Full name:	Position:						
Date of filling:							