

# RESPONSE TO REQUEST FOR MEDIATION

Day/month/year:

## DETAILS OF PARTIES

<b>APPLICANT</b>		<b>RESPONDENT</b>	
(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. _____ of _____		/ VMC dated _____ and the Request for Mediation dated _____	
Response			
<input type="checkbox"/>	We agree to conduct mediation at VMC.		
<input type="checkbox"/>	We do not agree to conduct mediation at VMC		
<b>MEDIATOR PREFERENCES</b>			
Name of Mediator *If parties mutually agreed on the 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:			

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

**Summary of dispute:**

\*Additional information may be provided in the enclosures if necessary

**Requests of the Respondent:**

**Monetary value:**

**Digital signature / Electronic signature**

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

Full name:

Position:

Date of filing: