

**SINGAPORE INTERNATIONAL ARBITRATION CENTRE
SIAC SGX-DT ARBITRATION RULES**

RESPONSE FORM C

PART A

DETAILS OF RESPONDENT(S)

Name: Address: Telephone: Facsimile: Handphone: Email:	
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DETAILS OF RESPONDENT'S REPRESENTATIVE (if any)

Representative: Address Telephone: Facsimile: Handphone: Email:	
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DETAILS OF CLAIMANT(S)

Name:	
Address:	
Telephone:	
Facsimile:	
Handphone:	
Email:	

1. Respondent declares that he / she has received the Notice of Arbitration and agrees that the dispute shall be resolved pursuant to the Submission to Arbitration entered into with the Claimants dated _____.

2. Respondent confirms the following parts of the claim(s):

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3. Respondent denies the following parts of the claim(s)

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4. State the nature and circumstances of the counterclaim, if any and indicate its estimated value:

Nature of Counterclaim:

Estimated Value:

5. Respondent makes the following comment in response to any proposals contained in the Notice of Arbitration:

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6. Respondent's nomination of arbitrator:¹

Nomination: _____

7. Respondent makes a deposit of the Fees² by way of cheque / credit card:

Bank / Cheque No: _____
Visa / Mastercard³ Number: _____
Cardholder's Name: _____
Expiry Date: _____

8. I/We⁴ hereby file this Response with the Registrar of the Singapore International Arbitration Centre. A copy of this Response is simultaneously being served on the Claimant.

Signature(s): _____

Name(s): _____

Designation: _____

Date: _____

PART B (For office use only)

Date of filing of the Response to the Notice of Arbitration:

Date: _____
Arb No: _____

By whom this form has been filed:

Date of service of Response to the Notice of Arbitration on the Claimants:

Amount of fee paid:

¹ The arbitrator shall be from the SIAC SGX-DT Panel; see Rule 8 of the SIAC SGX-DT Arbitration Rules

² See Rule 18 of the SIAC SGX-DT Arbitration Rules

³ Please delete as appropriate

⁴ Please delete as appropriate