

**SINGAPORE INTERNATIONAL ARBITRATION CENTRE  
SIAC SGX-DC 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 it 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:
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Estimated Value:
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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:<sup>1</sup>

Nomination: \_\_\_\_\_

7. Respondent makes a deposit of the Fees<sup>2</sup> by way of cheque / credit card:

Bank / Cheque No:
Visa / Mastercard <sup>3</sup> Number:
Cardholder's Name:
Expiry Date:

8. I/We<sup>4</sup> 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: \_\_\_\_\_

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**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:

\_\_\_\_\_

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<sup>1</sup> The sole arbitrator shall be from the SIAC SGX-DC Panel

<sup>2</sup> See Rule 18 of the SIAC SGX-DC Arbitration Rules

<sup>3</sup> Please delete as appropriate

<sup>4</sup> Please delete as appropriate