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**SCHEDULE 5: RESPONSE SUBMISSION FOR ADR THROUGH  
ARBITRATION/MEDIATION/CONCILIATION**

**DISPUTE TYPE**

Arbitration [ ]                      Mediation [ ]                      Conciliation [ ]                      Other [ ]

**1) PARTICULARS OF RESPONDENT(S)**

**a)** Name.....

**b)** Address.....

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**c)** Correspondence address for communication (if different).....

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**d)** Email id/s .....

**e)** Telephone Nos. (With Country & Local code).....

**f)** Mobile Nos. (With Country & Local code).....

**g)** Name of the Counsel (If engaged) .....

**h)** Email Id of the Counsel .....

**i)** Mobile No of the Counsel .....

**2) PARTICULARS OF AUTHORISED REPRESENTATIVE/S OF  
RESPONDENT/S (IF ANY)**

**a)** Name.....





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**5) SPECIFIC REPLY TO STATEMENTS OF JURISDICTION**

(Along with comments, if any, in response to any statements contained in the notice of Arbitration or any comment with respect to the matters covered in such rules)

**6) SPECIFIC RESPONSE TO CLAIMS**

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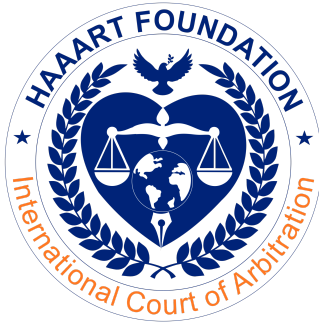
**7) LIST OF DOCUMENTS**

**8) LIST OF WITNESSES**

**9) STATEMENT OF COUNTERCLAIM, IF ANY**

**a) Counter relief claimed**

**b) Amount of counterclaim (if quantified)**



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The Netherlands

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**c) Interim relief, if any**

**d) Statement of legal costs**

**e) List of Documents**

## **10) LIST OF AUTHORITIES CITED/ RELIED**

**11) NOMINATION OF ARBITRATOR/S** (Response to Claimant's nomination, if any)

I/We, do hereby authorize HICA to appoint/terminate an arbitrator/ a panel of ..... arbitrators and regulate the arbitration proceedings in the above matter based on the agreement entered into between the aforementioned parties.

I/we state that I/we have read and understood the Arbitration, Mediation and Conciliation Rules of HICA and undertake to abide by the same and declare that they indemnify the Centre, its officers, staff, Executive Board members, Executives and the Mediator/s as per HICA Rules and undertake to pay the fees of the Centre and the Mediator. I/We do hereby agree to ratify and confirm all acts done by HICA or its authorized representative in the matter as my/our own acts, as if done by me/us to all intents and purposes.

### **Signature of Party/Parties:**

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Place.....

Date.....



## Haaart International Court of Arbitration (HICA)

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The Netherlands

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### For HAAART International Court of Arbitration (HICA)

Date Of Registration Of The Dispute: .....

Nature Of ADR: Mediation / Conciliation / Collaborative Settlement

Name Of The Neutral.....

Coordinates Of The Neutral.....

Category Of The Neutral.....

Name of the Authorized Person :

Designation :

Signature of the Authorized Person :

Seal :