**Format for Response to Notice of arbitration**

**Note;**

1. Respondent may include statement of defense with response to notice arbitration
2. Respondent may refer Model for response to Notice of Arbitration for each of the heading referred in the format below.
3. Respondent shall file response to notice of arbitration with cover letter addressed to Chief Administrator of the Centre
4. Respondent shall file sufficient copies for all arbitrators, Centre and claimant if notice is filed in hard copy and has included the statement of Defense.
5. If notice is filed electronically and does not include statement of defense, respondent is not required to file copies of notice.
6. Response to notice of arbitration must be filed within 15 calendar days from the date of receipt of notice of arbitration
7. If respondent wants to treat this response notice of arbitration as statement of defense, respondent should add detail statement of facts supporting the defense and counter claim, if any. Respondent should also provide all evidences as exhibits.

Arbitration No. [insert Case number as provided by the Bhutan ADR Centre]

In the matter of an arbitration under the Arbitration Rules of the Bhutan ADR Centre

BETWEEN:

[Name of Claimant]

(Claimant)

-AND-

[Name of Respondent]

(Respondent)

RESPONSE TO THE NOTICE OF ARBITRATION

Legal representative for Respondent [Date of the Response]

# INTRODUCTION

# THE PARTIES

## Respondent

## Claimant

# RESPONDENT’S COMMENTS AS TO THE ARBITRAL TRIBUNAL’S JURISDICTION

# THE NATURE AND CIRCUMSTANCES OF THE DISPUTE

## Factual Background

## The Parties’ Respective Legal Obligations

## Respondent Has Suffered Losses/claims of [amount] for Which Claimant Is Liable

# RESPONDENT’S COMMENTS CONCERNING THE COMPOSITION OF THE ARBITRAL

# RESPONDENT’S COMMENTS AS TO THE PLACE OF ARBITRATION, THE APPLICABLE RULES OF LAW AND THE LANGUAGE OF THE ARBITRATION

## The Seat of Arbitration

## The Applicable Rules of Law

## The Language of Arbitration

# [*OPTIONAL*] RESPONDENT’S COUNTERCLAIMS

## Factual Background to Counterclaims

## Claimant’s Violations of Its Legal Obligations

## Respondent Has Suffered Losses/claims of [amount] for Which Claimant Is Liable

# RELIEF SOUGHT

# PAYMENT OF REQUISITE FILLING FEE, IF APPLICABLE

Respectfully submitted,

[Signature of Respondent’s representative/respondent]

[Name of lawyer representing Respondent/respondent]

[***OPTIONAL*] Exhibits submitted with the Response to the Notice of Arbitration [and Counterclaim(s)]**

|  |  |  |
| --- | --- | --- |
|  | **Exhibit** | **Exhibit number** |
| 1. | [•] | R-1 |