Chamber of Mediation, Conciliation, and Arbitration of Occitanie Head Office: 2 Rue Alsace Lorraine, 31000 Toulouse Secretariat: 10 Boulevard d'Arcole, 31000 Toulouse



05.61.62.88.12 cmcao@cmcao.fr N° SIREN: 849 954 649 arbitragetoulouse.com

ANSWER TO REQUEST OF ARBITRATION - C.M.C.A.O.

PART 1. RESPONDENT'S INFORMATION

Surname:	
Name(s):	
Company name:	
Company Registration number: or equivalent.	
Address(es):	
Phone(s):	
Email(s):	
Profession:	
Respondent acts:	As a representative of the juridical entity. As an individual.
PART 2. RESPOND	ENT REPRESENTATIVE'S INFORMATION
Surname:	
Name(s):	
Address(es):	
Phone(s):	
Email(s):	
Profession:	

Brief description and summary of the nature and circumstances of the dispute giving rise to the claims:		
Answer to claimant's claims and arguments:		

Counterclaims, if applicable:		
Arbitrator(s)'s name(s) and othe	er contact details:	
PART 4. DOCUMENT SLIP J	OINT TO THE ANSWER	
Done in:	on:	
Party(ies) Signature(s):		