

**Case No.** (The case number can be found in the Arbitration Institute’s letter to the respondent)

**Respondent**

Name/Corporate Name
ID number/Business ID number
VAT number (if the respondent is VAT-registered)
Postal address
Nationality/Domicile
Telephone number
E-mail address
Name/Corporate Name
ID number/Business ID number
VAT number (if the respondent is VAT-registered)
Postal address
Nationality/Domicile
Telephone number
E-mail address
Name/Corporate Name
ID number/Business ID number
VAT number (if the respondent is VAT-registered)
Postal address
Nationality/Domicile
Telephone number
E-mail address

**Counsel or other representatives for the respondent**

Name and profession
Name of counsel’s law firm
Postal address
Telephone number
E-mail address
Name and profession
Name of counsel’s law firm
Postal address
Telephone number
E-mail address

**Jurisdiction:** To the extent possible, any plea that an arbitral tribunal to be constituted under the Rules lacks jurisdiction.

**The respondent's comments on the claimant's description of the nature and circumstances of the dispute giving rise to the claims**

**The respondent's preliminary response to the relief sought by the claimant in the Request for Arbitration**

**The respondent's observations or proposals as to the following in light of the observations or proposals made by the claimant in the Request for Arbitration**

<p>The respondent's observations or proposals as to the number of arbitrators (not applicable to expedited arbitration)</p>	
<p>The respondent's observations or proposals as to the language of the arbitration</p>	
<p>The respondent's observations or proposals as to the seat of arbitration</p>	
<p>The respondent's observations or proposals as to the law or rules of law applicable to the substance of the dispute</p>	
<p><b>Where the arbitration agreement provides for arbitration under the Arbitration Rules:</b>          The respondent's possible observations to the effect that the Expedited Rules would be more appropriate for the conduct of the arbitration than the Arbitration Rules and/or comments on the claimant's observations to this effect in the Request for Arbitration</p> <p>or</p> <p><b>Where the arbitration agreement provides for arbitration under the Expedited Rules:</b>          The respondent's possible observations to the effect that the Arbitration Rules would be more appropriate for the conduct of the arbitration than the Expedited Rules and/or comments on the claimant's observations to this effect in the Request for Arbitration</p>	

**The respondent's counterclaim or set-off claim**

(This section is to be completed if the respondent files a counterclaim or set-off claim. Please include the information requested below.)

<p>Identification of the arbitration agreement under which the counterclaim or set-off claim is made. Where counterclaims or set-off claims are made under more than one arbitration agreement, identification of the arbitration agreement under which each counterclaim or set-off claim is made.</p> <p>Unless already produced by the claimant, please attach a copy of the arbitration agreement(s) under which each counterclaim or set-off claim is made and tick (X) the relevant box under "Attachments" below.</p>	
<p>Identification of any contract, other legal instrument or relationship out of or in relation to which the counterclaim or set-off claim arises</p>	
<p>Brief description of the nature and circumstances of the dispute giving rise to the counterclaim or set-off claim</p>	
<p>Preliminary statement of the relief sought, together with the amounts of any quantified counterclaims or set-off claims and, to the extent possible, an estimate of the monetary value of any other claims</p>	

**Name and contact details of the arbitrator nominated by the respondent  
(not applicable to expedited arbitration)**

- To complete only if the arbitration agreement provides for three arbitrators, and the parties have not agreed otherwise.

Arbitrator's name and profession
Name of the arbitrator's firm
Postal address
Telephone number
E-mail address

**Filing Fee to be paid by the respondent**

Upon filing a counterclaim or set-off claim, the respondent(s) shall pay the Filing Fee prescribed in Article 1 of Appendix II. Please attach proof of payment of the Filing Fee and tick (X) the relevant box under "Attachments" below.

**Attachments**

<input type="checkbox"/> Copy of the arbitration agreement under which the counterclaim or set-off claim is made <input type="checkbox"/> Proof of payment of the Filing Fee <input type="checkbox"/> Other possible attachments (specify them)
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**Date and signature**

Place and date
Signature and print name for the respondent (may be signed by its counsel or other duly authorised representative)

Language

The Answer shall be submitted in the language of the arbitration as agreed by the parties. Failing such agreement, the Answer shall be submitted in the language of the arbitration agreement.

Submission of the Answer

The Answer may be submitted by mail, by hand delivery or by e-mail.

By mail to:

**The Arbitration Institute of the Finland Chamber of Commerce**  
**P.O. Box 1000**  
**FI-00101 Helsinki**  
**FINLAND**

By hand delivery to: Aleksanterinkatu 17 (World Trade Center Helsinki), Helsinki

By e-mail to: [info@arbitration.fi](mailto:info@arbitration.fi)