



Form: 110

RESPONSE FORM

Name, address, and phone numbers for
Respondent(s)

Telephone: _____ Fax: _____
Email: _____

Name, address, and phone number for
Claimant(s)

Telephone: _____ Fax: _____
Email: _____

RESPONSE

File Number: _____
(As given in Claim)

Filing Date: _____
(To be assigned by IIAM)

Respondent(s) states:

(Attach additional sheets, if necessary)

1. Attach accurate and correct copies of all documents that support the response.
2. If a Counter Claim, Cross Claim or Third party claim is preferred, the same shall be preferred along with this Response in the appropriate Form.

Representation Information:

If you are represented and want the Representative / Counsel to receive all correspondence, list the information below: *(Attach copy of authorisation)*

Representative's Name: _____

Designation: _____

Address: _____

Telephone: _____ Fax: _____ E-mail _____

Respondent's Affidavit:

I, _____, son/daughter of _____, aged ____ years,
residing at _____, do solemnly affirm that the facts
supporting the Response and the supporting documents are accurate and correct.

Respondent's Signature: _____ Date: _____