RURHEM ADR CENTRE
2ND FLOOR, 2ND EAST CIRCULAR ROAD
BENIN CITY

DISPUTE NO. RAC/ _____

BETWEEN

Claimant's Name(s)*

_____ ..... CLAIMANT

AND

Your Name(s)*

_____ ..... RESPONDENT

STATEMENT OF RESPONSE

For filled space, please continue to fill in the empty page provided bellow.

INTERESTS

Dated This _____ Day of _____

_____

Your Signature, initials or Tomb print

RESPONDENT

Address, Phone & e-mail

FOR SERVICE ON CLAIMANT

For filled space, please continue to fill in the empty page provided bellow.

Start with the Box title you are filling

Box Title:

.....Continue filling