## Request Form for Video Conference

1.	Case Number / CNR Number (if any) :
2.	Cause Title:
3.	Proposed Date of conference (DD/MM/YYYY):
4.	Location of the Court Point(s):
5.	Location of the Remote Point(s):
6.	Names & Designation of the Participants at the Remote Point :
7.	Reasons for Video Conferencing:
	In the matter of :
8.	Nature of Proceedings : Final Hearing Motion Hearing Others
to pa	
For use of the Registry/Court Point Coordinator	
A) B)	Bench assigned: Hearing: Held on (DD/MM/YYYY): Commencement Time: End time: Number of hours: Costs: Overseas transmission charges if any: To be Incurred by Applicant /Respondent: To be shared equally: Waived; as ordered by the Court:
Ciano	
Signature of the authorised officer:	
Date:	