

SCHEDULE II

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 ☐

I have read and understood the provisions of Rules for Video Conferencing for Courts I undertake to remain bound by the same to the extent applicable to me. I agree to pay video conferencing charges if so, directed by the Court.

Signature of the applicant/authorised signatory: Date:

A) Bench assigned:

B) Hearing:

Held on

(DD/MM/YYYY):

Commencement

Time:

End time:

Number of hours:

C) Costs:

Overseas transmission charges if any:

To be Incurred by Applicant /Respondent: To be shared equally:

Waived; as ordered by the Court:

Signature of the authorised officer:

Date: