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 (hyperlink). 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.

Date: Signature of the applicant/authorised signatory:

(A) Bench assigned:

(B) Hearing:

Held on (DD/MM/WW):

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:

Date: Signature of the applicant/authorised signatory:

For use of the Registry / Court Point Co-ordinator

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