

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:
Official Witness:
Remote Point Coordinator:

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.

Signature of the applicant/authorised
Date:

For the use of the Registry/ Court Point Co-ordinator

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: