

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.

Signature of the applicant/authorised signatory :

Date :

For use of the Registry/Court Point Coordinator

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 :