

Annexure – IV

Information to be submitted at the time of filing of caveat.

Caveat Filing

Caveatee Information

- 1 Annexure – IV (a) : Information to be provide by Caveatee / Caveatee No.1
- 2 Annexure – IV (b) : Subordinate Court Information
- 3 Annexure – IV (c) : If more than one Caveatees are there, details of each Caveatee is to be submitted independently.

ANNEXURE – IV (a)
Information to be provided by Caveatee
Caveat Filing

Tick (✓) the correct option, whenever necessary.

● **CAVEATEE DETAIL INFORMATION :**

Whether Caveatee/Applicant is an Organisation (Tick (✓) the correct option)	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
If Yes, Organisation Details																									
Full name of Caveatee / Caveatee No.1 (Tick (✓) the correct option)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">Mr</td> <td style="width: 12.5%; text-align: center;">Mrs</td> <td style="width: 12.5%; text-align: center;">Ms</td> <td style="width: 12.5%; text-align: center;">Shri</td> <td style="width: 12.5%; text-align: center;">Dr</td> <td style="width: 12.5%; text-align: center;">CA</td> <td style="width: 12.5%; text-align: center;">Er</td> <td style="width: 12.5%; text-align: center;">Prof</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> <td colspan="2" style="text-align: center;">_____</td> <td colspan="4" style="text-align: center;">_____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Surname</td> <td colspan="2" style="text-align: center;">First Name</td> <td colspan="4" style="text-align: center;">Middle Name</td> </tr> </table>	Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof	_____		_____		_____				Surname		First Name		Middle Name			
Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof																		
_____		_____		_____																					
Surname		First Name		Middle Name																					
Complete Postal Address of Caveatee / Caveatee No.1																									
Relation If other, provide relation (Tick (✓) the correct option)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father-In_Law <input type="checkbox"/> Mother-In-Law <input type="checkbox"/> Brother In Law <input type="checkbox"/> Sister-In-Law <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____																								
Country of Caveatee / Caveatee No.1 If other, provide name (Tick (✓) the correct option)	<input type="checkbox"/> India <input type="checkbox"/> Other _____																								
Nationality of Caveatee / Caveatee No.1																									
Mobile No of Caveatee / Caveatee No.1																									
How many caveatee are there (Provide Number)																									
Email-id of Caveatee / Caveatee No.1																									
Date of Birth of Caveatee / Caveatee No.1	____/____/____ (DD/MM/YYYY)																								
Age of Caveatee / Caveatee No.1																									
Filing through Advocate or In person (Tick (✓) the correct option)	<input type="checkbox"/> Advocate <input type="checkbox"/> In Person																								
Gender (Tick (✓) the correct option)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender																								
Occupation of Caveatee / Caveatee No.1																									
Name of Advocate	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">_____</td> <td colspan="2" style="text-align: center;">_____</td> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Surname</td> <td colspan="2" style="text-align: center;">First Name</td> <td colspan="2" style="text-align: center;">Middle Name</td> </tr> </table>	_____		_____		_____		Surname		First Name		Middle Name													
_____		_____		_____																					
Surname		First Name		Middle Name																					
Bar Reg. No																									

ANNEXURE - IV (b)

Subordinate Court Information

● First Appellate Court

State	
District	
Subordinate Court Name	
CNR Number	
Judge Name	
<input type="checkbox"/> Case No <input type="checkbox"/> Filing No <i>(Tick (✓) the correct option)</i>	No. _____ Year _____
Date of Decision	_____/_____/_____ (dd/mm/yyyy)
CC Applied Date	
CC Ready Date	

ANNEXURE - IV (c)

- If more than one Caveatee are there, details of each Caveatee is to be submitted independently.

● Extra Party Information of Caveator No. _____ (Caveator Side)	
Full name of Caveatee No. _____	
Full Address	
	State
	District Taluka
	Village Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country If other, provide name <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> India <input type="checkbox"/> Other _____
Nationality	
Mobile	
Email-id	
Date of Birth	____/____/____ (DD/MM/YYYY)
Age	
Gender <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Occupation	