

ANNEXURE – V

Information to be submitted by appellant at the time of filing appeal.

New Institution in Appeal Court

Appellants in favour :

1. Annexure – V (a) : Information to be provide by Appellant/Applicant No. 1
2. Annexure – V (b) : If more than one Appellant/Applicant are there, details of each Appellant is to be submitted independently.
3. Annexure – V (c) : Appellant/Applicant to provide known information of Defendant/Defendant no. 1
4. Annexure – V (d) : If more than one Defendants are there, details of each Defendant is to be submitted independently.

ANNEXURE - V (a)

Information to be provided by Appellant / Appellant No. 1

Tick (✓) the correct option, whenever necessary.

● **APPELLANT DETAIL INFORMATION :**

Whether Appellant/Applicant is an Organisation <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Organisation Details	
Full name of Appellant/Applicant No. 1 <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Shri <input type="checkbox"/> Dr <input type="checkbox"/> CA <input type="checkbox"/> Er <input type="checkbox"/> Prof
	_____ Surname First Name Middle Name
Complete Postal Address of Appellant/Applicant No. 1	
Country of Appellant/Applicant No. 1 If other, provide name <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> India <input type="checkbox"/> Other _____
Nationality of Appellant/Applicant No. 1	
Mobile No of Appellant/Applicant No. 1	
How many appellant are there <i>(Provide Number)</i>	
Email-id of Appellant/Applicant No. 1	
Date of Birth of Appellant/Applicant No. 1	____/____/____ (DD/MM/YYYY)
Age of Appellant/Applicant No. 1	
Filing through Advocate or In person <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Advocate <input type="checkbox"/> In Person
Gender <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Occupation of Appellant/Applicant No. 1	
Name of Advocate	_____ Surname First Name Middle Name
Bar Reg. No	

CASE DETAILS :

Suit Valuation		Case Filing Amount	
Date of Filing(dd/mm/yyyy)	____/____/____	Time of Filing	
Prayer in suit			
Cause of Action in brief			
Date Cause of Action			
Name of Act applicable and relevant section	1. _____		
	2. _____		

ANNEXURE - V (b)

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

● Extra Party Information of Appellant No. _____ (Appellant Side)	
Full name of Appellant 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	

ANNEXURE - V (c)

● **APPELLANT TO PROVIDE KNOWN INFORMATION OF RESPONDENT / RESPONDENT NO.1**

Whether Respondent/Applicant is an Organisation <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, Organisation Details									
Full name of Respondent / Respondent No.1 <i>(Tick (✓) the correct option)</i>	<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> </table>	Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof
	Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Surname</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Middle Name</td> </tr> </table>	Surname	First Name	Middle Name						
Surname	First Name	Middle Name							
Complete Postal Address of Respondent / Respondent No.1									
Country of Respondent / Respondent No.1 If other, provide name <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> India <input type="checkbox"/> Other _____								
Country of Respondent / Respondent No.1									
Nationality of Respondent / Respondent No.1									
Mobile No of Respondent / Respondent No.1									
How many respondent are there <i>(Provide Number)</i>									
Email-id of Respondent / Respondent No.1									
Age of Respondent / Respondent No.1									
Gender <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender								
Occupation of Respondent / Respondent No.1									

ANNEXURE - V (d)

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

● Extra Party Information of Respondent No. _____	
Full name of Respondent / Respondent 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 No.	
Email-id	
Age	
Gender <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Occupation	