

Annexure – III

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

Caveat Filing

Caveator Information

1. Annexure – III (a) : Information to be provide by Caveator / Caveator No.1
2. Annexure – III (b) : Subordinate Court Information
3. Annexure – III (c) : If more than one Caveator are there, details of each Caveator is to be submitted independently.
4. Annexure – III (d) : Caveator to provide known information of Caveatee/Caveatee no. 1

ANNEXURE - III (a)
Information to be provided by Caveator
Caveat Filing

Tick (✓) the correct option, whenever necessary.

● **CAVEATOR DETAIL INFORMATION :**

Whether Caveator/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 Caveator / Caveator 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> <tr> <td colspan="3" style="text-align: center;">_____</td> <td colspan="2" style="text-align: center;">_____</td> <td colspan="3" style="text-align: center;">_____</td> </tr> <tr> <td colspan="3" style="text-align: center;">Surname</td> <td colspan="2" style="text-align: center;">First Name</td> <td colspan="3" 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 Caveator / Caveator No.1																									
Relation If other, provide relation <i>(Tick (✓) the correct option)</i>	<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 Caveator / Caveator No.1 If other, provide name <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> India <input type="checkbox"/> Other _____																								
Nationality of Caveator / Caveator No.1																									
Mobile No of Caveator / Caveator No.1																									
How many caveator are there (Provide Number)																									
Email-id of Caveator / Caveator No.1																									
Date of Birth of Caveator / Caveator No.1	____ / ____ / ____ (DD/MM/YYYY)																								
Age of Caveator / Caveator 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 Caveator / Caveator No.1																									
Name of Advocate	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Surname</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Middle Name</td> </tr> </table>	_____			Surname	First Name	Middle Name																		

Surname	First Name	Middle Name																							
Bar Reg. No																									

ANNEXURE - III (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 - III (c)

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

● Extra Party Information of Caveator No. _____ (Caveator Side)	
Full name of Caveator 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 - III (d)

- **CAVEATOR TO PROVIDE KNOWN INFORMATION OF CAVEATEE / CAVEATEE NO 1**
(If more than one Caveatee are there, details of each Caveatee is to be submitted independently.)

Whether Caveatee is an Organization <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
If Yes, Organization Details																	
Full name of Caveatee / Caveatee No.1 <i>(Tick (✓) the correct option)</i>	<table border="1" style="width: 100%;"><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 style="text-align: center;">Surname</td><td style="text-align: center;">First Name</td><td style="text-align: center;">Middle Name</td><td colspan="5"></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																	
Country of Caveatee / Caveatee No.1 If other, provide name <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> India <input type="checkbox"/> Other _____																
Country of Caveatee / Caveatee No.1																	
Nationality of Caveatee / Caveatee No.1																	
Mobile No of Caveatee / Caveatee No.1																	
Email-id of Caveatee / Caveatee No.1																	
Age of Caveatee / Caveatee No.1																	
Gender <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender																
Occupation of Caveatee / Caveatee No.1																	