

## 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 Tribunal 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 this SOP for Video Conferencing for the Armed Forces Tribunal (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 Tribunal.

Signature of the applicant/authorized signatory:

Date:

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**For use of the Registry / Tribunal Point Coordinator**

**A) Bench assigned:**

**B) Hearing:**

Held on (DD/MM/YYYY):

Commencement Time:

End time:

Number of hours:

**Signature of the authorized officer:**

**Date:**