



REPUBLIQUE DES PHILIPPINES
AMBASSADE DES PHILIPPINES
RABAT, ROYAUME DU MAROC

VIDEOCONFERENCE HEARING REQUEST FORM

I. CLIENT AND COUNSEL'S INFORMATION

Name of the requesting party	
Status	<input type="checkbox"/> Party to the case <input type="checkbox"/> Witness to the case <input type="checkbox"/> Counsel for _____
Email address	
Mobile number	
Counsel's name	
Counsel's email address	
Counsel's mobile number	

II. CASE AND TRIAL COURT INFORMATION

Nature of the case	
Title of the case	
Court venue and address	
Contact details (Email address and Mobile number)	

III. PROPOSED VIDEOCONFERENCE HEARING SCHEDULE

Date	Time <i>(Please indicate the Philippine time and its equivalent in Morocco time.)</i>
1.	
2.	
3.	



Rue Bani Ritoune N-23,
Souissi, Rabat. 10170 Morocco
rabat.pe@dfa.gov.ph





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IV. PARTICIPANTS IN THE VIDEO CONFERENCE HEARING

Complete Name	Contact Details (Email address and Mobile number)	Valid ID/s (type of ID and ID number)

V. UNDERTAKINGS

- I have read, understood and will observe the Philippine Embassy's Guidelines in the Conduct of Videoconference Hearing at its premises.
- I hereby undertake to pay the prescribed fees by the Department of Foreign Affairs (DFA) for the conduct of the videoconference hearing. I also undertake that I will respect and abide by the Philippine Embassy's health, security and safety protocols and shall conduct myself in an orderly manner while inside the Embassy premises.
- I acknowledge that by completing this form, I hereby give my consent to the collection, processing and storing of my personal data in accordance with the requirements of R.A. 10173 or the Data Privacy Act of 2012 for purposes related to my request for videoconference hearing at the Philippine Embassy in Rabat, Morocco.

Printed name and signature of the applicant
Date: _____



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