



**CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES  
VANCOUVER**

**VIDEOCONFERENCE HEARING  
REQUEST FORM**

**I. CLIENT INFORMATION**

Name of Requesting Party: \_\_\_\_\_  
 I am Party to the case                       I am a Witness to the case  
 Counsel for: \_\_\_\_\_

Email address: _____	Contact number: _____
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**II. CASE AND TRIAL COURT INFORMATION**

Nature of the Case:  Civil case     Special Proceeding     Other: \_\_\_\_\_

Title of the Case:	_____
Court Venue:	_____
Email address:	_____
Contact number:	_____

**III. PROPOSED VIDEOCONFERENCE HEARING SCHEDULE**

Proposed dates	Time
1.	1.
2.	2.
3.	3.

*(Pls indicate Philippine date/time and its equivalent Vancouver date/time)*

**IV. PARTICIPANTS TO THE VCH AT THE CONSULATE**

Name	Email address	Mobile No.
1.	_____	_____
2.	_____	_____

**V. UNDERTAKINGS**

I have read, understood and will observe the Philippine Consulate General's Procedure and Important Reminders in Requesting for Videoconference Hearing at the Philippine Consulate's 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 Consulate's health, security and safety protocols and shall conduct myself in an orderly manner while inside the Consulate's 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 Consulate General in Vancouver.

\_\_\_\_\_

Printed name and signature of applicant  
Date: \_\_\_\_\_