

IN THE SYARIAH COURT OF THE REPUBLIC OF SINGAPORE**REQUEST FOR RE-FIXING OF HEARING DATE**

Please submit this form via email to MCCY_Syariah@mccy.gov.sg

| | |
|--|---|
| Originating Summons / Summons No.: | |
| Type of Hearing (please select) | <input type="checkbox"/> Mediation <input type="checkbox"/> Pre-Trial Conference <input type="checkbox"/> Hearing <input type="checkbox"/> Others (please specify) _____ |
| Date and Time of Hearing | |
| A. Particulars of party making the request | |
| Name of client | |
| Name of solicitor | |
| Name of law firm | |
| Tel No. / Fax No. | |
| B. Particulars of the other party | |
| Name of client | |
| Name of solicitor | |
| Name of law firm | |
| Tel No. / Fax No. | |
| C. Reason for Request | |
| <p><i>(Please state why an adjournment is warranted. If the reason is a conflict of court dates, please explain how this situation arose, when and how dates for the relevant hearings were given. The case number, nature of hearing, date and time of hearing and the relevant Court are also to be stated. All supporting documents are to be submitted.)</i></p> | |

D. Has the other party been informed? Yes No

E. Has the other party consented to this Request? Yes Consent attached

No. Please set out reasons or explanation below

Reasons:

Name and Signature of party/ lawyer making request

Date

For official use

Request is approved: Yes No Further information required

Remarks:

President / Registrar

Date