

**REQUEST FOR CERTIFIED TRUE COPY OF DOCUMENTS**

**FREQUENTLY ASKED QUESTIONS**

eLitigation	Template - C12
Request for Certified True Copy	
[ Please 'tick' and complete all the following Data Fields marked with an asterisk (*) ]	
<input checked="" type="checkbox"/> Request for Certified True Copy	<b>Case Type</b> High Court: S District Court: DC Magistrate Court: MC
<b>Case No. *</b>	
Case No.: * <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/>	
<b>Filing Party *</b>	
Party Type: * <input type="checkbox"/> Plaintiff <input type="checkbox"/> Applicant <input type="checkbox"/> Appellant <input type="checkbox"/> Respondent <input type="checkbox"/> Defendant <input type="checkbox"/> Others : _____	
Party Name: * ( 1 ) <input style="width: 100%;" type="text"/> ( 2 ) <input style="width: 100%;" type="text"/> ( 3 ) <input style="width: 100%;" type="text"/>	
<b>Document Selected *</b>	
Document Name: * ( 1 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 2 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 3 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 4 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 5 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 6 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 7 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 8 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 9 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 10 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
( 11 ) <input style="width: 100%;" type="text"/> No. of CTC required: * <input type="text"/> Filing Date: * <input type="text"/>	
<b>Filing Guide &amp; Reference</b> <b>Actioner</b> This document is compared by the system. No PDF attachment is required.  <b>Filing Party</b> Please state clearly who the filing party(ies) is in this application.	

- 1. How do I apply for a certified true copy of the Grant?**  
 You may apply for certified true copies of court documents by filing a Request stating the documents you require and the number of copies required. You also need to provide the reason for the request (e.g. the bank requires a certified true copy of the grant before releasing funds).

**Compose**

**REQUEST FOR CERTIFIED TRUE COPY**

To: The Registrar

The [Filing Party Type]\* requests for Certified True Copy / Copies of certain document(s) in the Case File as follows :

[ Enter reasons here ]

**Attach a document containing the reason(s) / justification(s) for Request**

**Add Annex**

	Name Of Document	No. of Pages
1)	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>

( Please forward the hardcopy document for scanning and to be annexed to this document )

Issued by :

Editable

Solicitor(s) for the Plaintiff(s) / Plaintiff(s) \*

Law Firm / In-Person Name \*

Address \*

Tel No.:

Fax No.:

Email:

File Ref No.:

Solicitor in charge:

Note : Data Fields marked with an asterisk (\*) are Mandatory Fields.

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