

# APOSTILLE APPLICATION FORM

Name & address of applicant:

*DO NOT use a personal name*

*If submitting for a company.*

Company named on document:

Or

Type of document:

Number of documents to be apostilled:

Name(s) of signatory (ies) to be apostilled:

Postal address (if required)

Applicant signature:

Print name:

Contact telephone number:

Collector's signature:

Print name:

Date collected:

Type of Service:

Regular (2 working days) £29.50

☐

Premium (90 minutes) £99.70 (INC. OF vat)

☐

Payment method:

On submission

☐

On collection

☐

Charge to account

☐

Bank Transfer

☐

Official use only:

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OFFICIAL USE ONLY:

Numbers used:

Produced by:

Signed by: