

APOSTILLE APPLICATION FORM

Name & address of applicant:

DO NOT use a personal name

If submitting on behalf of 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 *(ONLY if required)*

Applicant signature:

Print name:

Contact telephone number:

Collector's signature:

Print name:

Date collected:

Type of Service:

Regular (2 working days) **£31.00**

Premium (90 minutes) **£105.40 (INC. OF vat)**

Payment method:

On submission

On collection

Charge to account

Bank Transfer

OFFICIAL USE ONLY:

Numbers used:

Produced by:

Signed by: