

# LEGALISATION REQUEST FORM

## 1. YOUR DETAILS

|                                                                                                                          |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
| Family name                                                                                                              |                                 |  |
| Given names                                                                                                              |                                 |  |
| Contact email                                                                                                            |                                 |  |
| Contact telephone                                                                                                        |                                 |  |
| Postal address ( <i>your documents will be sent to this address</i> ). We can only send documents within the Netherlands | Unit or house number and street |  |
|                                                                                                                          | City                            |  |
|                                                                                                                          | Post code                       |  |
|                                                                                                                          | Country                         |  |
| Country legalisation is required for                                                                                     |                                 |  |

## 2. THE SERVICE YOU ARE REQUESTING

|                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Number of Apostilles</b><br><div><input type="text"/><input type="text"/> A\$105 (each) = A\$ <input type="text"/><input type="text"/><input type="text"/></div>                                                                                                                 |
| <b>Number of Authentications</b><br><div><input type="text"/><input type="text"/> A\$105 (each) = A\$ <input type="text"/><input type="text"/><input type="text"/></div>                                                                                                            |
| <b>Numbers of Certificates of No Impediment to Marriage</b><br><i>(Must include separate Certificate of No Impediment application form)</i><br><div><input type="text"/><input type="text"/> A\$181 (each) = A\$ <input type="text"/><input type="text"/><input type="text"/></div> |
| <b>How do you want your documents returned</b><br><div><input type="checkbox"/> I, or my representative, will collect the documents at the Embassy<br/><input type="checkbox"/> Post my document by regular mail (domestic) <b>A\$21.19</b></div>                                   |

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| <b>Comments</b> – use this section to provide any additional information that may be relevant to the Notarial Officer. |
|                                                                                                                        |

## NOTARIAL SERVICES DISCLAIMER

Please ensure that documents relating to the notarial services you require from the Australian Government/Embassy/Consulate, are presented in the correct form and that you provide the correct instructions for the notarial service you require. If you are unsure of the legislative requirements relating to the notarial service you require, you should seek independent legal advice.

Please note that neither the Australian Government nor the Australian Embassy/High Commission/Consular guarantees the legal effectiveness of the notarised document or the accuracy of its content.

## PAYMENT AUTHORISATION FORM

Full Name of the Applicant for whose NOTARIAL SERVICE the payment is made:

|  |
|--|
|  |
|--|

**Fees will be charged in Australian Dollars AUD**

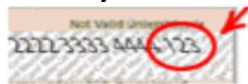
You may be subject to exchange rates and any overseas transaction fees. Fees are subject to annual indexation.

## PAYMENT AUTHORISATION

### Option 1

**Credit Card Authorisation**

**Acceptable methods of payment** - Payment by card only (Visa, MasterCard and AMEX accepted).

|                                                                                                                                       |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Credit card number (16/18 digits, NO LETTERS):</b>                                                                                 |                                                                                                               |
| <b>Cardholder's Name:</b>                                                                                                             |                                                                                                               |
| <b>Card's Expiry Date:</b> /                                                                                                          | <b>Security Code:</b><br> |
| <b>Cardholder's Signature:</b>                                                                                                        |                                                                                                               |
| <b>Authorised amount for all services</b><br>For postal return of documents (see page 1), an additional A\$21.19 fee will be charged. | <b>AUD \$</b>                                                                                                 |

### Option 2

If you prefer to authorise the payment by phone, please provide your contact details below, and we will contact you. Our business hours are Monday to Friday between 10:00 AM and 15:00 PM (except public holidays)

|                                      |                             |
|--------------------------------------|-----------------------------|
| <b>Name:</b>                         | <b>Contact Number: (+ )</b> |
| <b>Best time of day for contact:</b> |                             |