REQUEST FOR APOSTILLE/LEGALIZATION OF DOCUMENTS

Name of Company/Person Submitting Document(s): ______________________________________________________

Country Document(s) to be used in: ____________________________________________________________________

Total Number of Document(s): ____ Type of Document(s): ____________________________________________________

Expedited Services

To be prepared as:   (1) Set ☐   (2) Same Day ☐   (3) Rush (wait while prepared) ☐

Name of Company/Individual on Document(s): _________________________________________________________________

Name of Lawyer/Government Official on Document(s): _________________________________________________________

Contact Name and Telephone Number of Client: ______________________________________________________________

Date Document(s) Submitted: ________________________________________________ (Day/Month/Year)

**RECEIPT MUST BE PRESENTED FOR COLLECTION OF ALL DOCUMENT(S)**

OFFICIAL USE ONLY:

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>REFERENCE</th>
<th>FEES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apostille/Legalization (per document)</td>
<td>13(a)</td>
<td>☐ x$100</td>
<td></td>
</tr>
<tr>
<td>EXPEDITED SERVICES</td>
<td>13(b) Same Day (per document)</td>
<td>☐ x $150</td>
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<tr>
<td></td>
<td>Received before 11:00 am</td>
<td>Pickup 2:30 pm</td>
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</tr>
<tr>
<td></td>
<td>13(c) Rush (per document)</td>
<td>☐ x$300</td>
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<tr>
<td></td>
<td>(wait while prepared 2 hrs)</td>
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<td></td>
</tr>
<tr>
<td>Uniting &amp; Sealing</td>
<td>6</td>
<td>☐ x $20</td>
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</tr>
<tr>
<td>TOTAL COST</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RECEIPT MUST BE PRESENTED FOR COLLECTION OF ALL DOCUMENT(S)**

Officer Receiving Document(s): ___________________________ Date: _________________________________ (Day/Month/Year)

Amount Paid: $ ______________________

Cashier’s Initials: ______________________

Cheque No: ______________________

Date: _________________________________ (Day/Month/Year)

Receipt Book: __________________________

Receipt No: __________________________

Date: _________________________________ (Day/Month/Year)

Document(s) Collected By: __________________________ (Please Print Name)

Date: _________________________________ (Day/Month/Year)

Officer Releasing Document(s): __________________________

Date: _________________________________ (Day/Month/Year)