

## Apostille/Legalization Application Form

### Applicant data

FIRST AND LAST NAME:	
TYPE OF ID:	
ID NUMBER:	
EMAIL:	
TELEPHONE:	

### Data of the document to be apostilled/legalized

TYPE OF DOCUMENT:	
HOLDER OF THE DOCUMENT:	

### Application details

TYPE OF APPLICATION: HAGUE APOSTILLE / LEGALISATION OF INTERNATIONAL VALIDITY

Remarks:	
----------	--

### *Terms & Conditions*

*I confirm that I have read the requirements of the procedure and I accept that its final resolution is subject to the analysis of the competent body and that, in case of not complying with the established guidelines, the refund of the payment made will not be made. Likewise, I indicate as an affidavit that the document whose intervention I request is faithful to the original, and any clarification in this regard is my sole responsibility.*

---

Signature First and Last Name

---

Place and Date: