

APPLICATION FORM**Applicant Details:**

Title (Mr./Ms./Mrs.): _____

Applicant Name (as per passport): _____

How did you know about VFS Global Attestation/Equivalency Services?
_____**Contact Details:**

Contact Number: _____

Email Id: _____

Document Details:

Document Type/Title: _____

Issuing Authority: _____

Issuing Country: _____

Service Required: (Please tick ☒ in the service you wish to avail)

- ☐ Attestation/Apostille
- ☐ Equivalency
- ☐ Translation
- ☐ Certified True Copy
- ☐ Others: _____

To be used in which country: _____

Purpose: _____

Additional Services (Please tick ☒ if you wish to avail these services):

- ☐ Document Pickup

Address: _____

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- ☐ Document Delivery

Address: _____

Preferred time and date of delivery: _____

Date: _____

Signature: _____