

Embassy of The Republic of Croatia

APPLICATION FOR LEGALISATION OF FOREIGN
CRIMINAL RECORD CERTIFICATES/POLICE
CLEARANCE CERTIFICATE

VFS Centre – _____.

Date of submission in VFS- _____.

Name of Applicant /Agent/ Representative- _____.

E-mail id – _____.

Contact Number- _____.

Alternate Contact Number- _____.

Nationality of the applicant- _____.

Number of PCC- _____.

Payment- _____.

Mode of Payment- Cash () / Draft () / Online ().

List of the names of Applicants, Passport Numbers is attached to this Form.

Remarks, if any - _____

_____.

Name of VFS Submission Officer - _____.

Name and Signature of Applicant/ Agent/ Representative –

_____.