

APOSTILE/AUTHENTICATION/VERIFICATION OF DOCUMENT REQUEST FORM

Please complete this form in **BLOCK LETTERS**.

| | |
|---|--|
| 1. APPLICANT'S NAME | |
| 2. POSTAL ADDRESS | |
| 3. EMAIL | |
| 4. PHONE | |
| 5. Document to be verified/authenticated/apostille | |
| 6. Purpose of authentication/verification/apostille | |
| 7. Pre-paid Return Envelope | <input type="checkbox"/> Please include a PREPAID, SELF ADDRESSED A4 SIZE EXPRESS POST ENVELOPE for the return of the authenticated document/facilitation letter if to be sent in the mail. <input type="checkbox"/> Personal Collection |
| 8. Fee \$100.00 postage & handling fee (payable to "Fiji Consulate General" in the form of an Australia Post Money order, no cheques accepted) | <input type="checkbox"/> A\$100.00 – For Authentication/ Verification of an existing original document |
| Signature of Applicant: | |
| Date: | |
| <u>Official Use Only</u> | |
| Revenue Receipt No. : | |
| Date : | |

Please send completed Request to:
Fiji Consulate General
Suite 8.01,
227 Elizabeth Street,
Sydney, 2000.