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LEGALISATION ORDER FORM

Traveller's details:					
Applicant's full name (as	in the passport):	Origin	nal documents submitted:		
			Passport	Singapore ID	
N .: 11:			Marriage certificat	Birth certificate	
Nationality:					
			Other		
Contact person's details:					
Please provide contact details of the either themselves or on behalf of the					galisation
Name	Phone n	umber	Email	Company name	
	,			-	
Country legalisation requ	useted for:				
Country regarsation requ	iesteu ioi.				
Destination country	Documents enc	losed	Scope of work		
Document collection inst	netions.				
Document concetion mist	uctions.				
Self-collection	Courie	er service	Delivery address:		
	(extra	charge applies)			
I agree to the Global Singapore A	ssociates Pte I td Ds	ta Protection Not	ice as stimulated on the Glob	al Singapore website	
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r can commin acceptance of the C	nobai Singapore Ass	ociates Pie Liu 1	erms and Conditions as supt	rated on the Global Singapore websi	ie.
Data			Ciana a tronger		
Date:			Signature:		
INTERNAL USE ONLY					
Documents received:		Docum	ents returned on:		
Invoice No:	Signatu		re on collection:		
Payment received on:					
Method of payment:					