

תבנית זו איננה מהותית להחלטת המועצה, אך היא תהווה תשתית לשיקולי המועצה.
אין אישור על שום דבר.

(ס) זוהי תבנית (א) עם 14 (שורה) תבניות נוספות, איננה תבנית

4. תבנית זו איננה מהותית להחלטת המועצה, אך היא תהווה תשתית לשיקולי המועצה.

זוהי תבנית זו איננה מהותית להחלטת המועצה, אך היא תהווה תשתית לשיקולי המועצה.

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לשם אישור שום דבר.

(ס) זוהי תבנית זו איננה מהותית להחלטת המועצה, אך היא תהווה תשתית לשיקולי המועצה.

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FOR OFFICIAL USE:

Reference No:
 Received Date:
 Time:
 Processed Date:
 By:



Please Fill in **BLOCK LETTERS**
 Document **Acceptance: 0900 - 1330 hrs**
 Document **Issuance: 1000 - 1330 hrs**
(Sunday - Thursday) except **Public Holidays**

<<MINISTRY/MISSION'S NAME>>
 <<CITY, COUNTRY>>

REQUEST FOR ATTESTATION / AUTHENTICATION

1- DETAILS OF APPLICANT

1.1 Full Name:	1.2 I.D / Work Permit No:
1.3 Office / Company:	1.4 Designation:
1.5 No:Telephone & Mobile	1.6 Email:

2- DETAILS OF DOCUMENTS:

2.1 Reason for Attestation / Authentication:

2.2 Documents submitted **(Please state no of documents in the assigned box):**

1:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
2:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
3:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
4:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
5:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
6:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
7:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
8:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
9:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
10:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
11:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
12:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
13:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
14:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
15:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
16:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
17:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
18:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>

3- CONTACT PERSON:

3.1 Full Name:	3.2 Designation:
3.3 Office / Company:	3.4 Mobile No:
3.5 Email	3.6 Telephone No:

4- TERMS & CONDITIONS:

- 4.1 The <<Ministry/Mission>> processes attestation / authentication of documents on condition that it is absolutely required for a specific purpose.
- 4.2 Requests for attestation / authentication must be made via this form.
- 4.3 To facilitate the process, applications must be submitted together with the copies.
- 4.4 Applications are processed within 3 working days of application and authenticated documents will USUALLY BE available the next working day between <<1000 – 1330 hrs>>. Applications which require further verifications MAY TAKE LONGER to process.
- 4.5 The <<Ministry/Mission>> may endeavor to expedite an application, on condition that the applicant has to travel urgently. In such a case, the applicant must submit a ticket copy with the application.
- 4.6 Excluding the process stipulated in 4.5, the <<Ministry/Mission>> also has the authority, at its sole discretion, to give priority to expedite cases that require urgency.
- 4.7 The <<Ministry/Mission>> ONLY attests / authenticates documents that are endorsed / attested / notarized by the relevant Ministry or State Institute of the Maldives, which shall contain an authorized signature together with the designation of the signing official, inclusive of the signing date & time.
- 4.8 Under the General Procedure, the <<Ministry/Mission>> does not attest / authenticate Original documents. In case there is a need to attest / authenticate an Original document, the applicant must provide an authentic reason in writing by specifically mentioning the requirement.
- 4.9 The <<Ministry/Mission>> retains the authority, at its sole discretion, to decline any application request for attestation / authentication.

I / We fully understand and accept the Terms & Conditions stipulated above and hereby agree to adhere to those, whilst confirming that the information provided with this request are true.

Name:	Date:
Time:	Signature:



Stamp

FOR OFFICIAL USE:

Collected by:

Name:	ID/Work permit No:
Signature:	Phone/Mobile No:
Date:	Issued by:

