

Date of submission :
Date of collection :

# APPLICATION FOR A CONSULAR SERVICE

PLEASE COMPLETE IN BLOCK LETTERS

APPLICANT'S NAME:

CONTACT NO. :

What service do you require?

- Certification of passport
- Legalisation
- Certificate of no impediment
- Administration of oath of allegiance

Others (please specify)

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**FOR OFFICIAL USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE**

**FEE NO:**