



Application form apostilles/legalization

District Court Amsterdam

Date _____

Name _____

Address _____

Zip code/residence _____

Country _____

Telephone number _____

Contact person _____

E-mail address _____

Destination country _____

_____ **number of Apostilles**

_____ **number of legalizations**

Language apostilles:

- English
- Spanish
- German
- Dutch
- French
- Italian

Language legalizations:

- English
- Spanish
- German
- Dutch
- French

Settle payment:

- Invoice by e-mail
- Invoice by post
- Deliver and pick up by courier
- Running Account (only companies)
- By debit card (in person)
- Send by post

Invoice details (companies/organizations)

Name _____

Address _____

Zip code/residence _____

Country _____

The documents concerns the signature of:

- Notary
- Sworn translator (registered Wbtv)
- Employee Chamber of Commerce
- Civil officer/ministry
- Other

Your reference _____