AT

(indicate the Ministry of Foreign Affairs of Russia or the name   
of the consular office)

**APPLICATION**

(full name / full name of the legal entity)

**(*location address*)**

(identity document / by whom and when the legal entity was registered)

|  |  |  |
| --- | --- | --- |
| contact number |  | ask you to carry out consular legalization of |

official documents to be presented\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(country of presentation of legalization)

Attached to this application:

|  |  |  |
| --- | --- | --- |
| No. | Document details | Number of copies |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

In case of refusal of consular legalization, I ask you to issue a refusal in writing (check the appropriate box):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

This application and the documents attached to it are authorized to be submitted by:

|  |  |  |
| --- | --- | --- |
|  | , Date of Birth |  |
| (full name of the representative) |  |  |

(name, series, number of the identity document of the representative, by whom, when issued)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (position of the person authorized to sign the application on behalf of the applicant) |  | (signature) |  | (Full name of the applicant) |