



ROYAL THAI EMBASSY  
ATHENS

# LEGALIZATION

FEES :

DATE \_\_\_\_\_

LEG. NO.

I  MR.  MRS.  MISS \_\_\_\_\_

RESIDING AT \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

TEL.(\_\_\_\_\_) \_\_\_\_\_ MOBILE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

TEL. \_\_\_\_\_

HAVE SUBMITTED THE REQUEST TO THE ROYAL THAI EMBASSY IN ORDER TO:

- |  |  |
|--|--|
| <input type="checkbox"/> AUTHENTICATE  | <input type="checkbox"/> CERTIFIED GENUINE SIGNATURE   |
| <input type="checkbox"/> FINGERPRINT   | <input type="checkbox"/> CERTIFIED CORRECT TRANSLATION |
| <input type="checkbox"/> ADOPTION NOTE | <input type="checkbox"/> CERTIFIED TRUE COPY           |
| <input type="checkbox"/> IDENTITY NOTE | <input type="checkbox"/> SEEN AT ROYAL THAI EMBASSY    |

PLEASE STATE

OTHER \_\_\_\_\_

REASON \_\_\_\_\_

THE FOLLOWING DOCUMENTS ARE ATTACHED:

- PASSPORT OR/AND ID CARD
- OFFICIAL DOCUMENTS
- OTHER \_\_\_\_\_

( \_\_\_\_\_ )

SIGNATURE