



Legalisation Service
First Visas Order Form

Complete all sections			
1. Senders Details		Company Name (if applicable)	
Dr/Mr/Mrs/Miss/Ms			
Full address:		Full address:	
County:		County:	
Postal code:		Postcode:	
Email address:			
Daytime telephone:		Contact name:	
Delivery address if different from above:		Email address:	
Mobile no:		Telephone no:	
2. Return Instructions (if different from above)			
Post Code			
3. Legalisation	Tick Service Required		
Premium Service (1 document)			<input type="checkbox"/>
Enter no of document(s) Submitted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Enter type of document(s)	Educational document		<input type="checkbox"/>
	Marriage Certificate		<input type="checkbox"/>
	Other document		<input type="checkbox"/>
Do you require certifying of documents to be signed by solicitor/notary?			<input type="checkbox"/>
Recorded delivery			<input type="checkbox"/>
Special Delivery			<input type="checkbox"/>
Courier Service	PAO		<input type="checkbox"/>
Please ensure original documents are submitted with this application.			
4. Payment Method		Enter details	
Please make all cheques payable to First Visas			
Type of payment	Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Cheque <input type="checkbox"/>		
Card no: (14 digit number)		Start date:	Expiry date
Enter the last three digits on other side of the card			
Enter full address (if card details different from above).	Issue no: (Switch/Delta)		
Name as on card			
I agree to be bound by First Visa's terms and conditions of service. I authorise First Visa to charge my debit/credit card account for the appropriate fees due.			
Full Name:		Signature:	

Please return form to:
First Visas, Hideaway Workspace (HWS20) 1 Empire Mews,
Stanthorpe Road, Streatham London SW16 2BF
Tel No: 0208 769 1750 Fax: 0208 765 9927
www.firstvisas.co.uk info@firstvisas.co.uk.

Disclaimer:

Please Note: Unless otherwise specified all post will be delivered by special delivery before 1pm