

**FOR OFFICIAL USE:**

Reference No:  
 Received Date:  
 Time:  
 Processed Date:  
 By:



FORM NO: C3-001

Please Fill in **BLOCK LETTERS**  
 Document **Acceptance:** 0900 - 1330 hrs  
 Document **Issuance:** 1000 - 1330 hrs  
 (Sunday - Thursday) except Public Holidays

**MINISTRY OF FOREIGN AFFAIRS  
 MALE', REPUBLIC OF MALDIVES**

**REQUEST FOR ATTESTATION / AUTHENTICATION**

**1- DETAILS OF APPLICANT**

1.1 Full Name:	1.2 I.D / Work Permit No:
1.3 Office / Company:	1.4 Designation:
1.5 No:Telephone & Mobile	1.6 Email:

**2- DETAILS OF DOCUMENTS:**

2.1 Reason for Attestation / Authentication:

2.2 Documents submitted (**Please state no of documents in the assigned box**):

1:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
2:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
3:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
4:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
5:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
6:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
7:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
8:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
9:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
10:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
11:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
12:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
13:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
14:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
15:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
16:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
17:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>
18:.....	Original <input type="checkbox"/>	Copy <input type="checkbox"/>

**3- CONTACT PERSON:**

3.1 Full Name:	3.2 Designation:
3.3 Office / Company:	3.4 Mobile No:
3.5 Email	3.6 Telephone No:

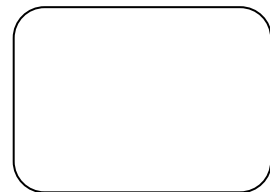
PTO

**4- TERMS & CONDITIONS:**

- 4.1 The Ministry processes attestation / authentication of documents on condition that it is absolutely required for a specific purpose.
- 4.2 Requests for attestation / authentication must be made via this form.
- 4.3 To facilitate the process, applications must be submitted together with the copies.
- 4.4 Applications are processed on a 24 hours basis and attested / authenticated documents will USUALLY BE available the next working day between 1000 – 1330 hrs. Some applications MAY TAKE LONGER to process.
- 4.5 The Ministry may provide the documents on the date of application, on condition that the applicant has to depart Maldives on the same day. In such a case, the applicant must submit a ticket copy with the application.
- 4.6 Excluding the process stipulated in 4.5, the Ministry also has the authority, at its sole discretion, to give priority to expedite cases that require urgency.
- 4.7 The Ministry ONLY attests / authenticates documents that are endorsed / attested / notarized by the relevant Ministry or State Institute of the Maldives, which shall contain an authorized signature together with the designation of the signing official, inclusive of the signing date & time.
- 4.8 Under the General Procedure, the Ministry does not attest / authenticate Original documents. In case there is a need to attest / authenticate an Original document, the applicant must provide an authentic reason in writing by specifically mentioning the requirement.
- 4.9 The Ministry retains the authority, at its sole discretion, to decline any application request for attestation / authentication.

**I / We fully understand and accept the Terms & Conditions stipulated above and hereby agree to adhere to those, whilst confirming that the information provided with this request are true.**

Name:	Date:
Time:	Signature:



Stamp

**FOR OFFICIAL USE:**

Collected by:

Name:	ID/Work permit No:
Signature:	Phone/Mobile No:
Date:	Issued by: