



**MINISTRY OF FOREIGN AND CARICOM AFFAIRS  
REPUBLIC OF TRINIDAD AND TOBAGO**

**DETAILS OF PERSON SUBMITTING DOCUMENTS FOR AUTHENTICATION**  
**APOSTILLE**

( Please indicate in brackets the number of documents being submitted

1. Type of Documents: .....  
.....  
.....
2. Country documents are to be used in: .....
3. Name: .....  
(CAPITALS LETTERS PLEASE)
4. Address in Trinidad and Tobago : .....  
.....
5. Telephone: (H) ..... or (O) ..... or (C) .....
6. Identification: I.D. #: ..... or D.P. #:.....  
( Please choose one)  
or P.P. # :..... Country: .....
7. Name of Company / Person: .....
8. Date of Submission.....
9. Signature of the person collecting the documents:.....
10. Signature of the person collecting the documents:.....  
( In Block Letter)
11. Date of Collection:.....

IF THE PERSON SUBMITTING THE DOCUMENTS ARE UNABLE TO COLLECT, PLEASE ENSURE A COMPLETED AUTHORISATION FORM WITH A COPY OF THE COLLECTORS IDENTIFICATION IS PROVIDED.

