

EMBASSY OF GHANA

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REQUEST FOR LEGALISATION/ATTESTATION OF OFFICIAL DOCUMENTS FORM

| NAME/COMPANY: |
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| TYPE OF DOCUMENT: |
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| PURPOSE OF LEGALISATION/ATTESTATION: |
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| |
| DATE OF SUBMISSION: |
| COURT/LAWYER/COMMUNE TO BE SUBMITTED TO: |
| |
| CONTACT TELEPHONE NO.: |
| SIGNATURE: |
| FOR OFFICIAL USE |
| AMOUNT PAID RECEIPT NO. |