

DEPARTMENT OF FOREIGN AFFAIRS
OFFICE OF CONSULAR AFFAIRS
AUTHENTICATION DIVISION

CONTROL NO. _____

APPLICATION FORM FOR AUTHENTICATION

Name of **Applicant/Exporting Company**
(in the document/s)

(SURNAME/APELYIDO) (FIRST NAME/PANGALAN) (MIDDLE NAME)

ADDRESS: _____ **TEL. NO.** _____

I have the honor to apply for the authentication of the following attached documents:
(Please check the space provided corresponding to the documents submitted for authentication service)

INDIVIDUAL DOCUMENTS

EXPORT DOCUMENTS

- _____ NBI/Police/RTC Clearance/Court Order
- _____ Medical/AIDS Free Certificate
- _____ Doctor's Medical Affidavit
- _____ PRC Cert/Cert of Regist'n/Rating/Prof License
- _____ Diploma & Transcript of Records
- _____ Secondary/Elem. Diploma & F-137/Cert
- _____ LTO Certification
- _____ NSO/AML/Birth/Marriage/Death Certificate
- _____ APC/ACS/ASG/AFC/AOC/AOD/AOH/ACG
- _____ Barangay/Mayor's Certification
- _____ SPA/Agreement/Contract/Deed of Absolute Sale
- _____ GOSI Annual Declaration/Pension Declaration
- _____ Muslim Doc. (Marriage/Divorce/Conversion)
- _____ Employment/Training Cert./Job Desc./Resume
- _____ OTHERS: _____

- _____ Certificate of Origin
- _____ Commercial Invoice
- _____ Packing List/Recap Sheet
- _____ Bill of Lading/Air Way Bill
- _____ Shipping Agent's Certificate
- _____ Phytosanitary Certificate
- _____ Quarantine Clearance Cert.
- _____ BFAD Export Certification
- _____ Weight Certification
- _____ Manufacturer's Certificate
- _____ Beneficiary Certificate
- _____ Commodity Clearance
- _____ Insurance Certification
- _____ BFAD Cert. of Free Sale
- _____ OTHERS: _____

WARNING: This form, when duly signed and dated shall constitute proof of ownership or possession of any documents submitted for authentication.

PURPOSE: _____

TOTAL NO. OF DOCUMENTS: _____

AUTHENTICATED DOCUMENTS RECEIVED BY:
_____ Printed Name
_____ Signature

Printed Name and Signature
(Applicant/Representative)

Date Filed

Receiving Clerk