

S.



R.

MINISTÉRIO DOS NEGÓCIOS ESTRANGEIROS
Direção-Geral dos Assuntos Consulares e das Comunidades Portuguesas

1. I, THE UNDERSIGNED,

(PLEASE WRITE IN CAPITAL LETTERS)

NAME:	
PORTUGUESE NIF NUMBER:	
PASSAPORT NUMBER:	
E-MAIL:	
TELEFONE NUMBER:	
IN REPRESENTATION OF:	
COUNTRY OF FINAL DESTINATION FOR THE DOCUMENT:	

2. REQUEST:

(MARK WITH A CROSS)

1. RECOGNITION OF A FOREIGN CONSULAR/DIPLOMATIC MISSION OFFICER'S SIGNATURE ACCREDITED TO PORTUGAL	
2. DECLARATION ISSUED BY PORTUGUESE ENTITIES	
3. OTHER	

3. NUMBER OF DOCUMENTS:

(INCLUDING TRANSLATIONS)

(SIGNATURE)

____/____/____

(DAY, MONTH, YEAR)

PLEASE NOTE THAT DOCUMENTS SENT BY MAIL MAY ONLY BE COLLECTED 5 WORKING DAYS AFTER RECEPTION AT GAP SERVICES.

EACH CERTIFICATION/DECLARATION (INCLUDING TRANSLATIONS) HAS A COST OF 10 EUROS - UP TO 4 CERTIFICATIONS/DECLARATIONS PER APPLICATION/SUBSCRIPTION FORM, IN CASE OF INDIVIDUAL PERSON, AND UP TO 10 CERTIFICATIONS/DECLARATIONS PER APPLICATION/SUBSCRIPTION FORM IN CASE OF A LEGAL PERSON/FAMILY REUNIFICATION.

E.G: 1 POLICE RECORD CERTIFICATION + TRANSLATION = 20 € (10€ X 2)

THE PAYMENT IS MADE UPON COLLECTION OF DOCUMENTS AT GAP BETWEEN 14H00 AND 15H00.

PLEASE SEND THIS APPLICATION FORM, DULY COMPLETED, WITH THE ORIGINAL DOCUMENTS AND CERTIFIED COPIES, TO THE FOLLOWING ADDRESS:

GAP
Largo das Necessidades, nº 42,
1350-179 Lisboa