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350 Spark Street Unit #908 Ottawa, ON, K1R 7S8

LEGALIZATION/AUTHENTICATION/MISCELLANEOUS SERVICE REQUEST FORM

LEGALIZATION/AUTHENTICATION MISCELLANEOUS											
	LEASE TYPE OR PRINT YOUR ANS		_					_	YOUR AP	PLICATION.	
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	APPLICANT'S INFORMAT										
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1.1. TITLE/PREFIX 1.2. FIRST NAME			1.3. MIDDLE NAM				1.4. LAST NAME				
1.5. NATIONALITY				s.6. ETHIOPIAN PASSPORT /ETHIOPIAN ORIGIN ID N					MBER (IF A	PPLICABLE)	
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② ሰንዱን ሰማሪጋንም የጠየቁ 7ሰሰብ/ድርጅት ስድረሻ /ADDRESS /									0.3500	N NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY	
2.1. ADDRESS (STREET	2.2. COUN	2.2. COUNTRY			2.3. STATE						
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	2.4. CITY				2.5. ZIP CO	CODE					
	- S DAVI	2.6. DAYTIME PHONE			A = EVENING BUOM		1	REF. NUMBER			
	2.6. DAT	IME	HUNE	2.7. E	EVENING PHONE		14				
2.8. E-MAIL									FEE PAI	D	
									RECEIPT NO		
③ Ph.A.Ynt, mil.A (យៈអំពុទ្ធយៈ ពិត្តិភ្នំក្នុំ ពី៤០ វៃយ៉ាបា) /AGENCY INFORMATION (IF APPLICATION IS PRESENTED THROUGH AN AGENCY)											
3.1. AGENCY NAME						ONTACT PERS				3-3. TELEPHONE	
										45.	
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4.1. DOCUMENT SOUR	MINISTRY OF FORE	STRY OF FOREIGN AFFAIRS OF ETHIOPIA)				☐ Ca	nada				
4.2. TOTAL NUMBER OF	FDOCUMENTS										
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I CERTIFY THAT THE	ABOVE INFORMATION IS CO	RRECT AND TRU	E TO	THE BEST OF	MY KNO	WLEDGE AN	D BELIE	EF.			
PREPARED BY: NAME				5	IGNATURE				DATE		