

GMTM Consultants

Client Sheet

Tel: (012) 670 90 10 or (012) 670 90 22 or from outside of South Africa 00 27 12 6709010 or 00 27 12 6709022

Email: info@gmtm.co.za

Website: http://www.gmtm.co.za

Fax: 0865510082

Courier Address: GMTM, 57 Swarthout Street, Doringkloof, Centurion, Gauteng, South Africa, 0157

Applicants Particulars (January 2015) **Please Print or Type**

Surname: _____ Full Names: _____

ID No: _____ Email: _____

Cell: _____ Tel No: (H) _____ (W) _____

Courier Address: Please print carefully and give all relevant information

Transaction Details (Give detailed description) check against invoice if interpreted correctly:

| | Surname | Full Names | Request |
|---|---------|------------|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Documents needed per application. (Client Sheet plus Indemnity Form plus indicated forms)

| | Transaction | Documents Needed | Estimated Lead Time |
|----|-------------------------------------------------------|---------------------------------------------|---------------------|
| 1 | Birth Certificates for Births up to 2000 | Application Form | |
| 2 | Birth Certificates for Births from 2000 | Application Form plus completed BI24 | |
| 3 | Marriage Certificates for Marriages up to 2000 | Application Form | |
| 4 | Marriage Certificates for Marriages from 2000 | Application Form plus BI 30 | |
| 5 | Death Certificates | Application Form | |
| 6 | Letter of No Impediment | Application form and copy of ID | |
| 7 | Police Clearance Certificate | Application, Fingerprints and copy of ID | |
| 8 | SANDF Exemption Letter | Application form and copy of ID or Passport | |
| 9 | Authentication of Degrees and Medical cert | Original documents | |
| 10 | Authentication/Apostille at DIRCO | | |
| 11 | Legalisation at Embassy | | |
| 12 | Official translation of Documents | | |

Special Instructions or additional information:

I the undersigned acknowledge that I have read and accepted the Terms, Conditions, Fees and undertake to pay the relevant fees on receipt of the invoice.

Signed here on the _____ day of _____ 20 _____

Initials and surname _____ Signature _____

VERY IMPORTANT: This page must be signed for order to commence.