CIBTVISAS EXPORT TRADE ORDER FORM

ACCOUNT CODE:

CONTACT INFORMATION WHOM SHOULD WE CONTACT REGARDING THIS ORDER?

NAME

PHONE NUMBER

EMAIL ADDRESS

DOCUMENT OPEN PASSWORD

PASSWORD

IN SOME CASES WE WILL RETURN DOCUMENTS TO YOU IN AN ENCRYPTED FILE. TO OPEN THESE DOCUMENTS YOU WILL NEED A 'DOCUMENT OPEN PASSWORD'. PLEASE ENTER IN THE FIELD BELOW A PASSWORD WITH A MAXIMUM OF 11 CHARACTERS.

RETURN INSTRUCTIONS

☐ Return document to the address below ☐ Call for Collection

NAME

COMPANY

ADDRESS

COUNTY/POSTCODE

Return Delivery Method

- ◯ Royal Mail Special Delivery
- ◯ Overnight Courier
- ◯ Same Day Courier
- ◯ Airport Meet & Greet

PAYMENT DETAILS

BILLING REF 1

BILLING REF 2

☐ I hereby give consent and/or have obtained consent for CIBTvisas to share information provided throughout this request for services with Government Authorities, Visa Application Centres, Logistics Companies, Invitation Providers and/or Translators/Solicitors relevant for this request for services. Information shared may include sensitive information requested by Government Authorities. Your information may need to be transferred outside the EU region to Government Authorities in order to successfully process your service request. For more information about how your data is used, please refer to our Privacy Policy at https://atlasuk.test.cibt.local/footer-privacy-policy

SIGNATURE

I confirm that I have read and agree to CIBTvisas Terms & Conditions as detailed on https://atlasuk.test.cibt.local/terms-of-use

Express/Emergency fees: I understand that the legalisations and apostilles will be processed to meet the need-by date as provided and will incure express or emergency surcharges where applicable.

NAME

SIGNATURE