



Medical & Legalisation Order Form

Contact Details	Name	
	Phone	
	Email	

Applicants Details	Full Name	Nationality	Passport Number

Service Details	Service required	Medical for <input type="checkbox"/> British Passport Renewal <input type="checkbox"/> FCO Premium <input type="checkbox"/> FCO Standard <input type="checkbox"/> Certifying by Solicitor <input type="checkbox"/> Notary public <input type="checkbox"/> Saudi Cultural attaché attestation <input type="checkbox"/> Translation to <input type="checkbox"/> Embassy of..... <input type="checkbox"/>
	Document Type	

Service Type	Express	1 to 3 Working Days <input type="checkbox"/>
	Standard	4 to 7 Working Days <input type="checkbox"/>
	7 Working Days	7 Working Days Plus <input type="checkbox"/>

Delivery Method	Collection form our office or Pre paid envelop <input type="checkbox"/>	Return address
	Special Delivery £10 <input type="checkbox"/>	Post code
	International Courier £49 <input type="checkbox"/>	
	Special instruction <input type="checkbox"/>	

Payment Method	Bank transfer <input type="checkbox"/>	Paying in reference:	
	Card Payment <input type="checkbox"/>	Debit Card + 2.6 % fee <input type="checkbox"/>	Credit Card + 3.9 % fee <input type="checkbox"/>

I Authorise GAN Visa Services and it's affiliated partners to check and lodge my documents/visa applications to the relevant embassy on my behalf. GAN Visa Services will not held liable for any delays or losses incurred by a third parties (Embassy, Royal Mail. Courier ...etc) And I also Authorise GAN Visa to charge the cost of its professional services to my credit/debit card. I have read and agree with GAN Visa Terms and Conditions, provided on the Website.

Print Name**Signature:****Date:**