

275 Slater Street,  
Suite 900  
Ottawa, ON, K1P 5H9, Canada  
1-888-800-9339  
1-403-629-5121



1725 I (EYE) Street NW,  
Suite 300  
Washington, DC, 20006, USA  
1-888-800-9339  
1-202-286-8296

**APOSTILLE & LEGALIZATION & VISAS & OTHER DOCUMENTS  
SERVICES WORK ORDER & PAYMENT FORM**

**GENERAL INFORMATION**

Company Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Requestors Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

**SERVICE REQUEST**

Type of the Documents \_\_\_\_\_

Name of the Country \_\_\_\_\_

Number of Documents: \_\_\_\_\_

Invoice # (if applicable) \_\_\_\_\_

Amount to pay \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN INSTRUCTIONS**

- 1) Beneficiary name: \_\_\_\_\_
- 2) Phone: \_\_\_\_\_
- 3) City name: \_\_\_\_\_
- 4) Province name is applicable: \_\_\_\_\_
- 5) Street name \_\_\_\_\_
- 6) # of the House \_\_\_\_\_
- 7) Apt or Suite: \_\_\_\_\_
- 8) Postal code: \_\_\_\_\_
- 9) Country name: \_\_\_\_\_

**PAYMENT METHOD FOR APPLICABLE FEES:**

American Express \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Money Order \_\_\_ Personal Check \_\_\_

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*I hereby authorize Silver Carp LLC (DBA **Kazakh Service Centre**®) to charge the cost of its professional aforementioned services to the following credit card; I agree to pay this amount to my credit card company. \_\_\_\_\_*

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date MM/YY: \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Zip Code \_\_\_\_\_

Signature of the Cardholder: \_\_\_\_\_

**TERMS & DISCLAIMER**

Please read our website to get more information about this topic:

<https://kazakhservicecentre.com/content/legal-disclaimer>

Mail to:

**Kazakh Service Center - US  
1725 I (Eye) Street NW, Suite 300  
Washington, DC 20006 USA  
+1 (888) 800-9339**

Please advise us the incoming envelope tracking # by email.