

**Receipt**

|  |  |
| --- | --- |
| **Receipt No:** |  |
| **Date:** | **Time:** |
|  |  |
| Received for the service: |  |
|  | |
| Name: |  |
| Nationality: |  |
|  |  |
| Consular Fees: |  |
| Consular Surcharge: |  |
| Oth. Suppl. Charges: |  |
|  | |
| Mode of Payment: |  |
|  |  |
| No. Documents: |  |
|  |  |
| **Total:** |  |
|  |  |
|  |  |

**Signature**

**Fees accepted will not be refunded**