We hereby request tha	t the following documer	nts should be verified by	the Embassy of the
	We pay	·	
•	ruments Attached For	v	22.11.00.11.10.00
Name of document	Invoice Number	No. of Original	No. of Copy
Commercial Invoice		3	1 7
Certificate of Origin			
Commercial Register			
Power of attorney			
Authorization			
Address: Telephone: Authorized Signatu		Contact Person	
3. Name of proxy A	pplicant		
Telephone:		Contact Person	
Embassy Column			
·			
Net Fees + Stamp D	uty.		

The Consular Section,

Embassy of the Republic of the Sudan

To:

Date-----