RAYFIELD Consult
DOCUMENT VERIFIERS

APPLICATION FOR DOCUMENT VERIFICATION

1. APPLICANT

Surname	
First Name	
Any other Name	
Have you ever changed your name If Yes, please give previous Name(s)	Yes No
Date and Place of Birth	
Tribe	
Passport Number	
Date Issued	
Given at	
Contact Address In Nigeria	
Telephone Number(s)	
Address in Finland(if you have any)	

(2)

Who requested the checking of documents (i.e Police, Finnish authority)	

(3)

Did you apply already for Residence permit	

(4)

What is the purpose for which you seek legalization	

(5)

Civil Status	Married Divorced Single
If married or divorced, what is the name of your spouse (ex spouse)	
Date and place of birth	
Maiden Name	
Address of your spouse (ex-spouse)	
Please indicate telephone numbers	

If single, what is the name of your proposed spouse?	
Date and place of birth	
What is the address of your proposed spouse?	
Please indicate telephone numbers	

(6) Are you submitting this application form in person? If you are using intermediary, please state name and contact address of your intermediary.

Name of intermediary	
Contact address	
Telephone number	

How are you related to this intermediary	

(7) PARENTS OF APPLICANTS

State the name of your father	
State his residential address	
State the town or village	
Telephone number (if available)	
State whether he is alive or deceased	
State the name of your mother	
State her residential address	
State the town or village	
Telephone number (if available)	
State whether she is alive or deceased.	

(8) OTHER RELATIONS OF APPLICANT

How many brothers and sisters do you have? Name them and state their addresses and telephone numbers. (Including step brothers or sisters if any)	
Do you have children?	Yes No
State the names, date(s) of birth and residential addresses of your children	

Where an applicant is a male, please state the name and residential address of the mother of your children.	
Where an applicant is a female, please state the name and residential address of the father of your children	

(9) EDUCATION *(*IF APPLICATION IS FOR EDUCATIONAL PURPOSES*)

State the name and address of any primary school which you were in attendance	
(please provide evidence of attendance)	
How long were you in attendance at this school? (exact date/year from – till)	
State names and addresses of any secondary school or similar institution of learning which you were in attendance	
How long were you in attendance at this school or institution?	
State the name and address of any university or similar institution of learning at which	

you were in attendance	
(Provide evidence of attendance)	
How long were you in attendance at this university or institution	

(10) RELIGION

Please state your religion	

Who is applying, if a person applies on your behalf:

NAME:……

Address……

Date of birth……

I …… confirm that all the answers which I have supplied in this application from are true and correct.

Signature of applicant …….. Date ……..

DOCUMENTATION

Document Attached:

S/N		ISSUING STATE/PROVINCE	ISSUING COUNTRY

PAYMENT

Total Amount Deposited in Rayfield Consult Account

AMOUNTS IN FIGURE	AMOUNTS IN WORDS

☐ I that certify that the information provided in this form is accurate and acknowledge that I have paid all related Charges incurred for the transfer of funds to Rayfield Consult Account. *

** Please note that we will otherwise not proceed with verification of your documents. The applicable Transfer charges are those of your Bank (the transferring Bank), as our Banks do not charge any fees for receiving money.*