

## **DOCUMENT ATTESTATION REQUEST FORM**

Registration Number:		Name:		
Program:Contact Nun		nber:	r: E-mail Address:	
I would like the fallowing decompate to be attacted.				
I would like the following documents to be attested:				
1.				
2.				
<ul> <li>KHDA attestation fee per document AED 220/-</li> <li>Processing fee for attestation AED 100/-</li> <li>5% VAT applicable as per U.A.E Federal Tax Authority regulations</li> </ul>				
Attestation process time frame is 14 working days				
Student's Signature & Da				
Do not write beyond this section				
_	0.00	For Official U		11 1 C
<u> </u>	inance Officer	Records Con	itroller	Head of campus
Remarks:		Remarks:		Remarks:
	Signature and Date	Sign	ature and Date	Signature and Date
DOCUMENTS SUBMISSION SLIP				
This is to certify that I have received the following documents for the purpose of attestation from KHDA:				
Student N	Name:	Registration No:		
	riginal Transcript			
□ o	riginal Degree			
	tudent Passport copy			
□ E:	mirates ID copy			
Received Ry				
•			Received	By:Records Office

Revised on: February 25, 2023