



REPUBLIC OF RWANDA
EMBASSY BERLIN

REQUEST OF LEGALIZATION OF DOCUMENTS
ANTRAG AUF LEGALISIERUNG/ DEMANDE DE LÉGISLATION DE DOCUMENTS

FORM-LGL

PHOTO

A colored biometric
passport photographs

Ein farbiges
biometrisches Passfoto

Une photo d'identité
biométriques en couleur

SECTION A – YOUR DETAILS/PERSÖNLICHE ANGABEN/ VOS DÉTAILS:

Ms Mrs Mr

TITLE/TITEL/ TITRE: _____

SURNAME/NACHNAME/ NOM DE FAMILLE: _____

OTHER NAMES/
ANDERE NAMEN/ AUTRES NOMS: _____

STREET AND HOUSE NR/
STRASSE UND HAUS NR/ RUE ET MAISON NR: _____

POSTAL CODE-CITY-COUNTRY/
PLZ-STADT-LAND/ CODE POSTAL-VILLE-PAYS: _____

TELEPHONE/TELEFON/TÉLÉPHONE: _____

E-MAIL: _____

DATE OF BIRTH (D/M/Y):
GEBURTSDATUM (T/M/J)/
DATE DE NAISSANCE (J/M/A): _____

PLACE OF BIRTH/
GEBURTSORT/ LIEU DE NAISSANCE _____

COUNTRY/ LAND/PAYS	PROVINCE/ BUNDESLAND/PROVINCE	DISTRICT/ LANDKREIS/DISTRICTE	SECTOR/ STADT/SECTEUR	CELL/ STADTTEIL/CELLULE	VILLAGE/ VILLAGE

NATIONALITY/
STAATSANGEHÖRIGKEIT/ NATIONALITÉ _____

NATIONAL ID/
PERSONAL AUSWEIS/ CARTE D'IDENTITÉ: _____

PASSPORT NR: _____

DATE OF EXPIRY(D/M/Y)
ABLAUFDATUM/DATE D'EXPIRATION: _____

MARITAL STATUS
FAMILIENSTAND/ ÉTAT CIVIL _____

FATHER'S FULL NAME/VOLLSTÄNDIGER
NAME DES VATERS/NOM COMPLET DU PÈRE: _____

MOTHER'S FULL NAME/VOLLSTÄNDIGER
NAME DER MUTTER/ NOM COMPLET DE LA MÈRE: _____

SPOUSE'S FULL NAME/ NAME DES
PARTNERS/ NOM COMPLET DU CONJOINT: _____

SPOUSE'S PLACE AND DATE OF BIRTH
(D/M/Y)/ ORT UND GEBURTSDATUM DES
PARTNERS (T/M/J)/ LIEU ET DATE DE NAISSANCE
DU CONJOINT (J/ M/A) _____

OCCUPATION & POSITION/

BERUF & POSITION

WORKING PLACE(Organization/Company)

ARBEITSPLATZ (ORGANISATION/UNTERNEHMEN)/

LIEU DE TRAVAIL (ORGANISATION/ENTERPRISE)

LEVEL OF EDUCATION AND DOMAIN/

BILDUNGSSTUFE UND FACHRICHTUNG/

NIVEAU D'ÉDUCATION ET DOMAINE:

SECTION B – PURPOSE OF YOUR REQUEST

PLEASE STATE THE PURPOSE OF YOUR REQUEST

BITTE GEBEN SIE DEN ZWECK IHRES ANTRAGES AN

VEUILLEZ ÉNONCER LE BUT DE VOTRE DEMANDE

SECTION C – LIST OF DOCUMENTS TO BE CERTIFIED

Nr.	NAME AND TYPE OF DOCUMENT

SECTION D –Declaration:

I AGREE TO INFORM THE COMPETENT SERVICES AT THE EMBASSY IF ANY INFORMATION ON THIS FORM CHANGES BEFORE THE PROCESSING OF MY APPLICATION IS COMPLETE.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DETAILS GIVEN ON THIS FORM ARE TRUE AND CORRECT.

ICH BESTÄTIGE, DASS ICH DIE BOTSCHAFT INFORMIERE, FALLS SICH GEGEBENE ANGABEN IM BEARBEITUNGSZEITRAUM ÄNDERN. ICH ERKLÄRE, DASS DIE IN DIESEM FORMULAR GEMachten ANGABEN RICHTIG SIND.

J'ACCEPTÉ D'INFORMER L'AMBASSADE SI TOUTE INFORMATION SUR CE FORMULAIRE CHANGE AVANT QUE LE TRAITEMENT DE MA DEMANDE SOIT COMPLÈTE. JE DÉCLARE QUE, AU MIEUX DE MA CONNAISSANCE ET RASSURE QUE, LES DÉTAILS FOURNIS SUR CE FORMULAIRE SONT VRAIS ET CORRECT

DATE (D/M/Y): ____/____/____

DATUM (T / M / J)/ DATE (J / M / A):

SIGNATURE: _____

UNTERSCHRIFT/SIGNATURE

SECTION E –Required Documents/ ERFORDERLICHE DOKUMENTE/ DOCUMENTS REQUIS

FULLY COMPLETED APPLICATION FORM VOLLSTÄNDIG AUSGEFÜLLTES ANTRAGSFORMULAR/ FORMULAIRE DE DEMANDE COMPLÈTEMENT REMPLI	<input type="checkbox"/>
A COPY OF YOUR PASSPORT -NATIONAL ID KOPIE IHRES PASSES – PERSONAL AUSWEISES/ COPIE DE VOTRE PASSEPORT – CARTE D'IDENTITE	<input type="checkbox"/>
A COPY OF YOUR RESIDENT PERMIT IF YOU LIVE IN A FOREIGN COUNTRY KOPIE IHRER AUFENTHALTSGENEHMIGUNG, FALLS SIE IN EINEM ANDEREN LAND LEBEN/ UNE COPIE DE VOTRE PERMIS DE RÉSIDENT SI VOUS VIVEZ DANS UN PAYS ÉTRANGER	<input type="checkbox"/>
ORIGINALS OF THE DOCUMENTS TO BE CERTIFIED ORIGINALE DER ZU ZERTIFIZIERENDEN DOKUMENTE/ ORIGNAUX DES DOCUMENTS À CERTIFIER 1. Rwandan documents legalized for use abroad, kindly: a. Submit the IREMBO document + application number OR b. Have the original document pre-legalized with the notary of MINIJUST and MINAFFET and send the stamped original together with the Legalization application form to the embassy for final legalization 2. Foreign documents legalized for use in Rwanda, kindly: a. Have the original document translated into one of the Rwandan official languages (English, French, Kinyarwanda) and certified by the Federal Office for Foreign Affairs [Bundesamt für Auswärtige Angelegenheiten (BfAA)]	<input type="checkbox"/>
A COLORED BIOMETRIC PASSPORT PHOTOGRAPHS FOR EACH APPLICATION. (PLEASE INDICATE YOUR NAME AT THE BACK, IN ORDER TO AVOID ANY CONFUSION) EIN FARBIGES BIOMETRISCHES PASSFOTO FÜR JEDEN ANTRAG. (BITTE GEBEN SIE IHREN NAMEN AUF DER RÜCKSEITE AN, UM VERWIRRUNG ZU VERMEIDEN.) UN PHOTOGRAPH DE PASSEPORT BIOMÉTRIQUES COLORÉES POUR CHAQUE APPLICATION. (VEUILLEZ INDIQUER VOTRE NOM AU DOS, AFIN D'ÉVITER TOUTE CONFUSION)	<input type="checkbox"/>
A PROOF OF PAYMENT OF CONSULAR FEES (10 €) FOR EACH APPLICATION AND POSTAGE (€5,- Germany/ €7,20,- Other), IF APPLICABLE. EIN NACHWEIS ÜBER DIE ZAHLUNG DER KONSULARGEBÜHREN (10 €) FÜR JEDEN ANTRAG UND PORTO (€ 6,25, - Deutschland / € 7,20, - Sonstige), FALLS ZUTREFFEND UNE PREUVE DE PAIEMENT DES FRAIS CONSULAIRES (10 €) POUR CHAQUE DEMANDE ET FRAIS DE PORT (6,25 €, - Allemagne / 7,20 €, - Autres), LE CAS ÉCHÉANT	<input type="checkbox"/>

A. NOTE: THE APPLICANT MUST BE AT LEAST 18 YEARS OLD.

B. PAYEMENT OF CONSULAR FEES

CONSULAR FEES (10 €) MUST BE PAYED **FOR EACH** APPLICATION (PER DOCUMENT). KINDLY TRANSFER TO THE BANK ACCOUNT BELOW BEFORE SENDING IN YOUR APPLICATION.

POSTAGE FEES ARE €6,25,- (€7,20 OUTSIDE OF GERMANY).

Beneficiary: Botschaft von Ruanda
Bank: Commerzbank Berlin
IBAN: DE87 100400000266054603
SWIFT Code: COBADEFFXXX
Account Nr: 266054603
BLZ: 10040000

C. MAILING ADDRESS AND CONTACT DATA

BE SURE THAT YOU HAVE ADDRESSED THE ENVELOPE, ATTACHED SUFFICIENT POSTAGE AND SEND TO:

JÄGERSTRASSE 67-69
10117 BERLIN
BUNDESREPUBLIK DEUTSCHLAND

YOU CAN CONTACT US DURING BUSINESS HOURS UNDER THE PHONE NUMBER:

+49 (0) 30 209 165 90
Mon-Fri: 9AM to 1PM

OR VIA E-MAIL: ca@rwanda-botschaft.de
FOR FURTHER INFORMATIONS VISITE:
www.rwandaingermany.gov.rw

D. ABOUT THE DOCUMENTS

THE APPLICATION FORM (**FORM-CONS**) IS DESIGNED TO BE "FILLABLE" ON COMPUTER. THIS MEANS THAT YOU SHALL CONVENIENTLY COMPLETE THE FORM RIGHT ON YOUR COMPUTER. YOU CAN THEN PRINT YOUR COMPLETED FORM, SIGN IT AS REQUIRED AND SUBMIT IT TO THE ADDRESS MENTIONED ABOVE.

FAILURE TO PROVIDE A FULLY COMPLETED APPLICATION FORM OR THE NECESSARY DOCUMENTS WILL RESULT IN THE NON- PROCESSING OF YOUR APPLICATION.

THE COPIES OF YOUR DOCUMENTS (FOR EXAMPLE: PASSPORT, ID) MUST BE READABLE AND IF THEY CONTAIN A PHOTOGRAPH, THE PERSON MUST BE VISIBLE/RECOGNIZABLE. IT MAY BE HELPFUL TO MAKE COLOR COPIES.

E. LANGUAGE

YOU MUST PROVIDE THE ENGLISH, FRENCH OR KINYARWANDA TRANSLATION OF ALL DOCUMENTS AND THOSE TRANSLATED DOCUMENTS MUST BE CERTIFIED BY COMPETENT AUTHORITIES, I.E. FEDERAL OFFICE FOR FOREIGN AFFAIRS [BUNDESAMT FÜR AUSWÄRTIGE ANGELEGENHEITEN (BFAA)].

F. FEEDBACK

Kindly share your feedback of your experience of filling this form to improve our services.

RWANDAN COMMUNITY REGISTRATION*

WHEN DID YOU LEAVE RWANDA (D/M/Y)
WANN HABEN SIE RWANDA VERLASSEN (D / M / Y)

WHEN DID YOU ARRIVE IN YOUR CURRENT
COUNTRY (D/M/Y)
WANN SIND SIE IN IHREM AKTUELLEN LAND
ANGEKOMMEN (D / M / Y)

PLEASE STATE THE PURPOSE OF YOUR STAY
IN YOUR CURRENT COUNTRY (e.g. STUDIES/
WORK/ ...)
Bitte geben Sie den Zweck Ihres Aufenthalts in Ihrem aktuellen
Land an (z. B. STUDIEN / ARBEIT / ...).

Family members you want to be registered (only children under 16)

FULL NAME	DATE OF BIRTH	GENDER F/M

Persons in Rwanda to contact in emergency case

FULL NAME	
ADDRESS (CITY/SECTOR/DISTRICT)	
OCCUPATION/ POSITION	
WORKING PLACE	
RELATIONSHIP	
TELEPHONE	
E-MAIL	

FULL NAME	
ADDRESS (CITY/SECTOR/DISTRICT)	
OCCUPATION/ POSITION	
WORKING PLACE	
RELATIONSHIP	
TELEPHONE	
E-MAIL	

*Not mandatory