

Form B  
CERTIFICATE OF AUTHENTICITY OF  
FOREIGN PUBLIC DOCUMENTS

I, \_\_\_\_\_ [name] \_\_\_\_\_, declare on penalty of criminal punishment for false statement or declaration that my position with the Authority of \_\_\_\_\_ [territory] is \_\_\_\_\_ [title] \_\_\_\_\_ and that in that position I am authorized by the law of \_\_\_\_\_ [territory] \_\_\_\_\_ to declare that the documents attached and described below are true and accurate copies of original records which are recorded or filed in \_\_\_\_\_ [name of office or agency] \_\_\_\_\_, which is an office or agency of \_\_\_\_\_ [territory] \_\_\_\_\_.

Description of Documents:

\_\_\_\_\_ [signature]

\_\_\_\_\_ [title]

\_\_\_\_\_ [date]