PHOTO ID CERTIFICATION FORM

(to be completed by a suitable certifier)

1. Place the document to be certified face down on the copier.
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I hereby certify that I have seen the original of this document and that this is a complete and accurate copy of that document. I also certify that the photograph contained in this document bears a true likeness to the individual that has requested certification of this document.

**Certifier’s details:**

Signed: ……………………………………… Dated: …………………………………

Full Name: ……………………………………………………………………………………………….

Position/Professional Qualifications:

Membership No.

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Contact details: ……………………………………………………………………………………………...