

CERTIFICATION OF PHOTOGRAPHS

SIGNATORY INFORMATION

Please ask your signatory (the person who is signing your photographs) to complete this form when you get your photographs endorsed.

Certifier's Name	
Certifier's Profession	
Name of Applicant whose photographs you are endorsing	
Date Certified	
Certifier's Signature	

The reverse of the photographs being endorsed should look similar to the following:

<p>I certify this is a true likeness of <i>(insert Applicants name)</i></p> <p><i>Signatory's Name</i></p> <p><i>Signatory's Profession</i></p> <p><i>Signatory's Signature</i></p>
--

Example Signatories

Accountant	Manager
Barrister	Member of Parliament
Chairman/Director	Nurse
Dentist	Officer of the Armed Forces
Doctor	Optician
Fire Service Official	Police Officer
Journalist	Social Worker
Justice of Peace	Solicitor
Legal Secretary	Teacher

NOTE: RELATIVES OR PARTNERS ARE NOT ACCEPTABLE SIGNATORIES