

## Certificate of Identity

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***This Certificate must be completed by a person who is a qualified Health Care or Legal Professional. Such person must also sign the back of the four passport sized photographs which accompany it.***

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I, \_\_\_\_\_ of \_\_\_\_\_

have known \_\_\_\_\_  
*(here insert the name and address of the Applicant)*

for \_\_\_\_\_ years.

I confirm that:

1. I am by occupation or profession a \_\_\_\_\_
2. I have examined 4 current passport sized photographs of the above named applicant and I have signed my name and written the date upon which I did so, on the reverse side of each of these photographs.
3. I confirm that the person appearing in these photographs is one and the same as the above named applicant.
4. I am providing this confirmation for the benefit of the Pharmaceutical Society of Ireland in connection with an application by the above named applicant to have his/her qualification as a pharmacist recognised as a qualification appropriate for practice in Ireland.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please affix official stamp or seal if applicable in the box provided:

