

## IDENTITY CERTIFICATION

I, \_\_\_\_\_, located at \_\_\_\_\_  
(print name) (address)

am engaged in the following profession in Canada:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Doctor                         | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Chiropractor                           | <input type="checkbox"/> Judge  |
| <input type="checkbox"/> Lawyer                                 | <input type="checkbox"/> Notary Public  |
| <input type="checkbox"/> Optometrist                            | <input type="checkbox"/> Pharmacist   |
| <input type="checkbox"/> Veterinarian                           | <input type="checkbox"/> Professional Accountant (APA, CA, CGA, CMA, PA or RPA) |
| <input type="checkbox"/> Professional Engineer (P. Eng or Eng.) |   |

I certify that I have examined the original, unexpired Canadian government issued photo-identification of \_\_\_\_\_ and the attached is a complete, exact, and true copy.  
(print name of individual)

**\*\* ATTACH A SIGNED, LEGIBLE COPY OF BOTH SIDES OF THE PHOTO-ID DOCUMENT. \*\***

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, in the City of \_\_\_\_\_.

\_\_\_\_\_  
(Signature)