

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 THE PHOTO-ID DOCUMENT. ****

Dated this _____ day of _____, 201____, in the City of _____.

(Signature)