

Certificate of Identity

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.

I, _____ of _____

have known _____

(here insert the name and address of the Applicant)

for _____ years.

I confirm that:

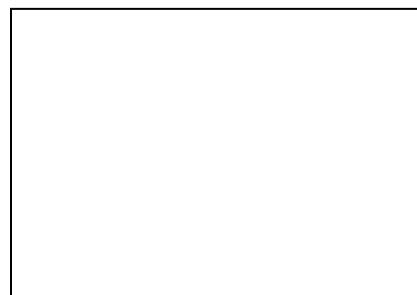
1. I am by occupation or profession a _____
2. I have examined 4 current passport sized photographs of the above named applicant and I have signed my name and written the date upon which I did so, on the reverse side of each of these photographs.

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:



PSI House,
Fenian Street,
Dublin 2,
Ireland.
D02 TD72

T. +353 (0) 1 218 4000
F. +353 (0) 1 283 7678
E. info@thepsi.ie
W. www.thepsi.ie