

## GOC Fully Qualified Identification form

## PERSON CERTIFYING TO COMPLETE

Instructions for the person certifying your document  
You must complete the information on this form and on the photograph provided by the applicant as instructed below.

## A: Instructions for certified photocopy of identification

Once you have the copy and original of the applicant's identification document, complete the following on the photocopied document.

1. Write or stamp 'Certified to be a true copy of the original seen by me'
2. Sign and date
3. Print your name (if you work in a regulated profession, include your registration number below)

## B: Instructions for passport sized photograph

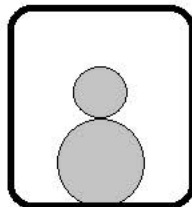
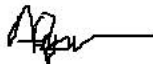
Sign, date and print your name on the back of the photograph.

## C. Complete the following section:

This section must be completed by the person certifying identification. The signature cannot be electronic.

Full name of applicant for registration	<i>Joe Bloggs</i>	
Details of person certifying the identification (this must be a person in the list of 'Who can certify your identification')		
I certify that I have known the applicant for at least two years and that the attached photograph/certified copy of valid photo identification is a true likeness.		
Full name of certifier	<i>Mr A Optom</i>	
Occupation	<i>Optometrist</i>	
Name of professional register, and registration number (if applicable)	<i>01-000000</i>	
Work address of person certifying	<i>enter address here</i>	
Work email address	<i>9876543@123456789.com</i>	
Work telephone number	<i>12345678</i>	
Signed		Date <i>17/10/22</i>

*Certified to be a true  
copy of the original as  
seen by me*

*Mr A Optom 17/10/22*

*01-000000*