



VERIFICATION OF IDENTITY FORM

Please select one of the following boxes which describes your official office

- | | |
|---|---|
| <input type="checkbox"/> Notary of the Supreme Court | <input type="checkbox"/> Registrar of Corporate Affairs & Intellectual Property |
| <input type="checkbox"/> Registrar / Deputy Registrar Land Registry | <input type="checkbox"/> Magistrate |
| <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Superintendent / Deputy Superintendent of Prisons |
| <input type="checkbox"/> Chief Personnel Officer of the Civil Service | <input type="checkbox"/> Permanent Secretary, Ministry of Home Affairs |
| <input type="checkbox"/> Chief / Deputy Chief Immigration Officer | <input type="checkbox"/> Private Secretary to the Governor General |
| <input type="checkbox"/> Commissioner / Deputy Commissioner / Assistant Commissioner / Superintendent of Police | |

I....., Officiating Officer of
(Full Name of Officiating Officer)

.....
(Address of Officiating Officer)

in the island of Barbados do hereby certify that
(Full Name of individual)

of.....
(Address of Individual)

with national registration number.....and date of birth of.....

is known to me personally or by due and satisfactory identification.

I also certify that the specimen signature affixed to this notice is the true signature of
.....
(Full Name of Individual)

This information is attested by me under my hand and stamped this..... day of20.....

SIGNATURE OF INDIVIDUAL:.....DATE (mm/dd/yyyy):

SIGNATURE OF OFFICIATING OFFICER:.....DATE (mm/dd/yyyy):

*PLACE OFFICIATING
STAMP HERE*