

Saturday 27<sup>th</sup> September 2003

Formal Identification

The purpose of this form is to authenticate James Peters.

***Authenticating Witnesses should check the information against the original documentation and sign below.***

Passport Number:

Driving License Number:

Date of Birth:

Address:

Signature: \_\_\_\_\_

**Signatures**

Witness1: \_\_\_\_\_

Print: \_\_\_\_\_

Witness2: \_\_\_\_\_

Print: \_\_\_\_\_

Witness3: \_\_\_\_\_

Print: \_\_\_\_\_