

## CERTIFICATE OF GOOD CHARACTER (1)

**Referee to complete this section:**

I hereby certify that I have known

\_\_\_\_\_ *(applicant's name)*

for \_\_\_\_\_ years.

Please comment on your knowledge of the applicant AND INCLUDE reference to the applicant's character, reputation and any other matters you consider relevant to the application for registration.

[This section must be completed fully by the Referee before the Council can consider this certificate]

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to supply additional information to the Council if required.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Occupation/Position of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (work): \_\_\_\_\_ (home): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

## CERTIFICATE OF GOOD CHARACTER (2)

**Referee to complete this section:**

I hereby certify that I have known

\_\_\_\_\_

*(applicant's name)*

for \_\_\_\_\_ years.

Please comment on your knowledge of the applicant AND INCLUDE reference to the applicant's character, reputation and any other matters you consider relevant to the application for registration.

[This section must be completed fully by the Referee before the Council can consider this certificate]

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\_\_\_\_\_

**I agree to supply additional information to the Council if required.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Occupation/Position of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (work): \_\_\_\_\_ (home): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

## CERTIFICATE OF GOOD CHARACTER (3)

### Referee to complete this section:

I hereby certify that I have known

\_\_\_\_\_

(*applicant's name*)

for \_\_\_\_\_ years.

Please comment on your knowledge of the applicant AND INCLUDE reference to the applicant's character, reputation and any other matters you consider relevant to the application for registration.

[This section must be completed fully by the Referee before the Council can consider this certificate]

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\_\_\_\_\_

### I agree to supply additional information to the Council if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Occupation/Position of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (work): \_\_\_\_\_ (home): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_