

{AUTHENTICATOR
ADDRESS}

Register Manager
Register of Exercise Professionals
3RD Floor+
8-10 Crown Hill
Croydon
Surrey
CR0 1RZ

Date of Authentication {DATE}

I {FULL NAME OF AUTHENTICATOR} of the above address hereby confirm that I have seen the original certification for {NAME OF INSTRUCTOR} and can verify that these are genuine and valid as part of their application for REPs registration.

Signed: {AUTHENTICATOR SIGNATURE}

Position: {AUTHENTICATOR POSITION}

Contact Telephone No: {AUTHENTICATOR TELEPHONE NUMBER}