

{AUTHENTICATOR
ADDRESS}

Register Manager
Register of Exercise Professionals
1st Floor
6 Graphite Square
Vauxhall Walk
London SE11 5EE

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 have signed and dated each photocopy to be submitted as part of their application for registration through REPs.

Signed: {AUTHENTICATOR SIGNATURE}

Position: {AUTHENTICATOR POSITION}

Contact Telephone No: {AUTHENTICATOR TELEPHONE NUMBER}