

Statement of Non-Receipt of Benefits

Date:

To Whom It May Concern,

I, , hereby declare that I have not received the following benefits:

- ☐ Pension
- ☐ Disability Benefits
- ☐ Social Security
- ☐ Other (please specify):

My personal details are as follows:

Address:

Contact Number:

Date of Birth:

Identification Number:

I confirm that I have not received any payments or benefits as listed above as of the date of this statement.

Signature: _____

Printed Name: