

# CERTIFICATE OF NON-RECEIPT OF BENEFITS

**Name of Applicant:**

**Date of Birth:**

**Address:**

**ID/Reference No.:**

*I hereby certify that I have not received any benefits from  
[redacted] for the period covering [redacted] to  
[redacted]. This certification is made to attest to the truth of the foregoing facts.*

**Date:**

\_\_\_\_\_  
**Applicant Signature**  
**Witnessed by:**  
[redacted]

\_\_\_\_\_  
Name / Signature of Witness

**Note:** This certificate is issued upon the request of the above-named individual for whatever legal purpose it may serve.