

# 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*

*for the period covering*

*to*

*. This certification is made to attest to the truth of the foregoing facts.*

**Date:**

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Applicant Signature

**Witnessed by:**

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Name / Signature of Witness

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