

## Certification of No Benefits Received

Date:

To Whom It May Concern,

This is to certify that  has not received any form of benefits from  
 as of the date stated above.

This certification has been issued upon the request of the above-named individual for whatever legal purpose it may serve.

Issued this  day of , .

\_\_\_\_\_  
Signature over Printed Name

Position/Title:

Office/Organization: