

Declaration of No Benefits Received

I, [REDACTED], hereby declare that I have not received any benefits, allowances, or compensation of any nature (monetary or otherwise) from [REDACTED] for the period from [REDACTED] to [REDACTED].

This declaration is made in good faith for the purpose of compliance and verification.

Date: [REDACTED]

Signature: [REDACTED]

Printed Name: [REDACTED]