

Sworn Statement of Non-Receipt of Benefits

I, , of legal age, , and a resident of ,
hereby solemnly swear and state that:

1. I was previously employed at from to .
2. I have not received nor claimed any of the following benefits from the said employer:
 - Separation Pay
 - Final Pay
 - 13th Month Pay
 - Other Company Benefits/Monetary Claims
3. I am executing this Sworn Statement to attest to the truth of the foregoing and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this at .

Signature over Printed Name

SUBSCRIBED AND SWORN to before me this at , affiant having exhibited
to me his/her competent evidence of identity.

NOTARY PUBLIC