

Salary Attestation

Date:

To Whom It May Concern,

This is to certify that Mr./Ms. , holding the position of  in our organization, has been employed with us since  .

His/Her current monthly salary is  (  ) only.

This certificate is being issued upon his/her request for whatever purpose it may serve.

Authorized Signatory:

Name:

Position:

Date:

Company Stamp/Seal