

INTEGRITY CLEARANCE CERTIFICATE

This is to certify that:

Name: _____

Position: _____

Department: _____

Employee ID No.: _____

Has undergone the required integrity assessment and is hereby granted this Integrity Clearance Certificate. The information verified includes, but is not limited to, employment history, disciplinary records, and ethics compliance.

This certificate is issued on: _____

This certification is valid until revoked or updated by a subsequent review.

Authorized Signatory

(Name & Designation)