**C E R T I F I C A T I O N**

This is to certify that Mr./Ms. *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of worker)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* with passport number *\_\_\_\_\_(passport number)\_\_\_\_\_\_\_\_* was/is under the employ of *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of company or employer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* and has been out of work permanently/temporarily for reason(s) related to the effects of COViD-19 pandemic.

Date of Hiring : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Date of

 Unemployment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This certification is issued upon the request of the aforementioned worker for whatever legal purpose it may serve him/her.

Issued this *\_\_(day)\_*th day of *\_\_\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_* 2020 in *\_\_\_\_\_\_(place)\_\_\_\_\_\_\_\_\_\_\_\_\_*.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *Signature over Name of Employer/*

 *Authorized Representative*