
 NAME OF COMPANY/OFFICE

 ADDRESS/E-MAIL/TELEPHONE NO./FAX NO.

CERTIFICATE OF EXPERIENCE

WARNING: All statements are subject to verification and any false statement or misrepresentation made in this CERTIFICATE is a ground for disqualification and criminal prosecution.

TO THE BOARD OF : _____

This is to CERTIFY that M _____ is/has been employed with the above-named office/company located at _____ for the period and performed duties indicated below:

FROM	TO	POSITION HELD	SPECIFIC WORK/FUNCTIONS

Affiant (Certifying Officer)
 (Signature above printed name)
 Certificate of Registration No. _____ issued on _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ at _____. Affiant exhibited to me this Community Tax Certificate No. _____ issued at _____ on _____.

IMPORTANT :

1. The certifying officer should be a registered professional of the same discipline whose date of registration is prior to the date of employment and PRC ID must be valid.
2. This form is good only for one office/company.
3. Certificate of Employment must accompany this Certificate of Experience.

Notary Public

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____