

# Self-Certification Form Online

## Applicant Information

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Address: \_\_\_\_\_

## Purpose of Self-Certification

Please check the appropriate category:

- Employment Eligibility
- Health Declaration
- Residency Verification
- Other (Specify): \_\_\_\_\_

## Details of Self-Certification

Item	Certification Statement	Check <input type="checkbox"/>
Residency Status	I certify that I am a resident of the stated address	
Employment Status	I certify that I am currently employed/self-employed	
Health Status	I certify that I am free from communicable diseases	

<b>Legal Compliance</b>	<b>I certify adherence to all legal requirements</b>	
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**Signature**

I, \_\_\_\_\_, confirm that the information provided is correct and complete.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_