

CERTIFICATE OF MONTHLY INCOME

Date:

TO WHOM IT MAY CONCERN

This is to certify that :
Currently working at :
Position :
Department :
Period of working time : From .../.../... to present
Basic salary :
Allowances, bonus :
Total income :
Reasons confirmation :
Sincerely thanks.

Certified by the head of organization

DIRECTOR

(Signed, full name and sealed)