



DBP SERVICE CORPORATION
2ND Floor, Executive Building Center, Sen. Gil Puyat Avenue
corner Makati Avenue, Makati City

FINAL CLEARANCE CERTIFICATE & QUIT CLAIM

Reason : _____
Clearance Number: _____ Date: _____

NAME : _____ EMPLOYEE NUMBER: _____
MAILING ADDRESS : _____
CLIENT OF ASSIGNMENT : _____ SSS No. _____
HIRETYPE : _____ POSITION _____
DATE HIRED : _____ DATE RESIGNED/SEPARATED : _____
(to be verified & initiated by HRMDD Account Officer)

INSTRUCTION IN ACCOMPLISHING THIS FORM:

The following requirements should be attached to this Clearance Certificate form **prior** to routing and securing clearance from your client of assignment and the different departments/subsidiaries of DBPSC:

- () A copy of the resignation letter (duly received by the Personnel Account Officer/Area Coordinator)
- () Company ID Card
- () Company issued payroll ATM Card

For those residing outside Metro Manila, please indicate your complete address where to send your CHECK.

IMPORTANT: Processing of Quit Claim shall start only AFTER submission of your LAST DTR or payment of your LAST SALARY.

A. ACCOUNTABILITIES

My accountabilities with the office/departments which I have had transactions are as follows:

UNIT/DEPARTMENT	ACCOUNTABILITIES	AUTHORIZED SIGNATORY OVER PRINTED NAME
1. CLIENT OF ASSIGNMENT	_____	_____
<u>Hereunder to be signed by Authorized DBPSC Official only :</u>		
2. AREA COORDINATOR	_____	_____
3. GSAD	_____	_____
4. TRIPLE-H CARE SVCS., INC.	_____	_____
5. BILLING & COLLECTION	_____	_____
6. HRMDD/TMSU	_____	_____
<i>Benefits</i>	_____	_____
7. DATA PROCESSING	_____	_____
8. FMD	_____	_____

B. QUIT CLAIM

In connection with the cessation of my employment with DBPSC effective _____
I hereby declare that I have no claim of whatever nature against the said employer. I am filing my Resignation and Final Clearance & Quit Claim on my own volition and free will without any force or intimidation subjected upon me. Likewise, this manifests the FINALITY of my separation from DBPSC.
For all legal intents and purposes, I hereby forever release and discharge the Company from any liability or responsibility arising out of and in connection with my employment.
I, therefore, affixed herein my signature to attest to the veracity of my statements above.

Employee Signature over Printed Name

Contact Number: _____