

To Whom It May Concern:

This is to certify that _____ is a Philhealth member with MID number _____.

This further certifies that she has the following contributions to wit:

MONTH	OR NO.	DATE OF PAYMENT
January 2020	OR# _____	
February 2020	OR# _____	
March 2020	OR# _____	
April 2020	OR# _____	
May 2020	OR# _____	
June 2020	OR# _____	
July 2020	OR# _____	
August 2020	OR# _____	
September 2020	OR# _____	
October 2020	OR# _____	
November 2020	OR# _____	
December 2020	OR# _____	

This certification is issued upon the request of _____ valid for whatever legal purposes it may serve.

Done this _____ day of October 20__ at DEMO Company, Quezon City.

Signed by:

Authorized Signatory