

## **AFFIDAVIT OF CLAIM AND AUTHORITY TO DEDUCT**

I, [FULL NAME], of legal age, Filipino, married/single, and with address at \_\_\_\_\_, after having duly sworn in accordance with law hereby depose and state that:

1. I am currently employed by Accenture, Inc. (the “Company” or “Accenture”), with principal office address at 7<sup>th</sup> Floor Robinsons Cybergate 1, Pioneer St., Mandaluyong City.
2. My permanent/temporary residence, as reflected in my company records, located at \_\_\_\_\_, was damaged due to Typhoon **[Name of Typhoon indicated in the state of calamity declaration]** that occurred last **[DATE MONTH YEAR]**.
3. I acknowledge that I need to submit all the required documents needed to support my Calamity Benefit Claim, including a signed and duly notarized copy of this Affidavit of Claim and Authority to Deduct, on or before **45 days from the date of calamity**.
4. If I fail to submit a notarized copy of this Affidavit **within 90 days from the date of calamity**, I hereby authorize Accenture to recover the Calamity Benefit that I received and deduct the same from my payroll.
5. As proof of the damage to my residence I hereby attach a duly issued Barangay Certificate which reflects my name, address, and the fact that my residence was indeed damaged by the calamity, as well as photographs that depict the damage to my residence.
6. The said residence is the same residence I declared to HR as my permanent/temporary residence which appears in my employee file.
7. I understand that I am only entitled to the Calamity Assistance specific to above mentioned calamity only once. I further represent and warrant that aside from this claim I have not filed for Calamity Assistance with the Company for the same incident.
8. I acknowledge that the Company has the right to verify the truthfulness of my claim and for this purpose. I expressly consent to Accenture, its agents, employees or its duly authorized representatives to make inquiries, conduct background checks or any other verification of information regarding my personal information and the circumstances of my claim.
9. I acknowledge that any misrepresentation(s) in this claim or the submission of any fake document(s) may lead to disciplinary action up to and including my termination from employment pursuant to Policy 0093 – Discipline Policy.

10. I am executing this affidavit to attest to the truth of the foregoing and for the purpose of supporting my claim for Calamity Assistance.

[Location], [DATE MONTH YEAR].

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Signature Over Full Printed Name of Employee  
**Affiant**

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, affiant having shown to me his/her government issued ID No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.

**Notary Public**