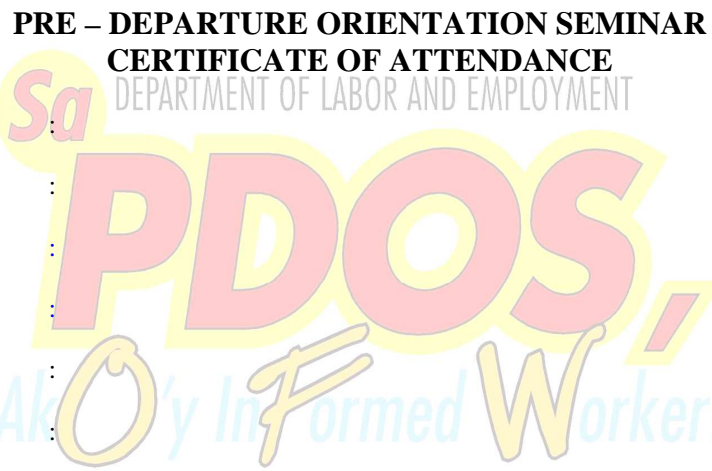


COMPANY LOGO AND NAME



Name of OFW :
Skill / Occupation :
Country of Destination :
Local Recruitment Agency :
Foreign Principal :
Foreign Employer :

This certifies that the above named OFW has completed the prescribed requirements for the above program, held on _____ 200____, with Certificate No. _____.

Printed Name and Signature
Accredited Trainer

Printed Name and Signature
Authorized Agency Official