

## Affidavit

I, \_\_\_\_\_ (signature), working at/for \_\_\_\_\_,  
due to  mandatory isolation or quarantine,  
 providing care to person having difficulty in taking care  
of himself or herself and is under isolation or quarantine,  
on the dates of \_\_\_\_\_ (please indicate the date(s) in detail),  
for a total of \_\_\_\_ days, cannot work and cannot receive  
remuneration and compensation.

II. I, during the  period of isolation or quarantine,  
 period of providing care to person having difficulty  
in taking care of himself or herself and is under  
isolation or quarantine,  
have not received any salary or other equivalent compensation  
specified in the laws and regulations.

**I hereby declare that the above information is true and  
legitimate. In case of any deceptive statement or fraud, I agree to  
return all compensations received and shall bear all **relevant civil  
and criminal** legal liabilities.**

Submitted to

Government of O O O (Department of Social Welfare)

Declarant Signature: \_\_\_\_\_ National ID No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)