CERTIFICATION

To Whom It May Concern: This is to certify that the account of (outgoing member-beneficiary) is updated and/or the arrearages thereof had been paid in full by **(substitute member-beneficiary**) for the purpose of substitution. It is understood that any false statement herein shall invalidate the above-stated substitution and render the same null and void. Done this _____ day of _____ 200___. Community Association President Republic of the Philippines) S.S. SUBSCRIBED AND SWORN to before me a Notary Public for and in this ____ day of _____ personally appeared the above-named person with Residence Certificate No. ____ issued on ____ at ____ and warrants that the same is true and correct to his/her own personal knowledge and that of the community association which he/she represents. WITNESS MY HAND AND SEAL on the date and place above-written. **NOTARY PUBLIC** Doc No. _ Page No. Book No. _____