

## UNDERTAKING

I, \_\_\_\_\_, Filipino, of legal age, and a Worker in Qatar, in connection with my application for DOLE AKAP's Financial Assistance, hereby attest that:

1. I am an applicant of the one-time DOLE-AKAP Financial Assistance
2. I am a temporary Filipino worker with a valid work permit in Qatar (QID No. \_\_\_\_\_ ) working as \_\_\_\_\_  
*(Position)*  
with my employer: \_\_\_\_\_, \_\_\_\_\_ :  
*(Company/Employer/Sponsor)                      (Address and Contact Number)*

3. Due to the COVID 19, I was displaced from my job since \_\_\_\_\_ ;  
*(date)*

Check what is applicable:

- \_\_\_\_\_ terminated/laid off
- \_\_\_\_\_ advised to stop working resulting from Qatar Government directive
- \_\_\_\_\_ no work, no pay since: \_\_\_\_\_
- \_\_\_\_\_ advised to take leave/leave without pay
- \_\_\_\_\_ others (please specify): \_\_\_\_\_

4. I have not received any Financial Assistance and/or grant from the Government/Ministry of Qatar and or from my employer on account of the loss of my employment due to the COVID-19 Pandemic.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2020 in \_\_\_\_\_, Qatar.

***I hereby attest and confirm that the above declaration is true and correct based on my own personal knowledge:***

\_\_\_\_\_  
Name and Signature of Worker