CERTIFICATIO N

This is to certify that the bearer, whose name and signature appears below, is an employee of **Sprout Solutions Phil., Inc.** with office address at 11th Floor Robinsons Cyber Sigma, Old Lawton Avenue, Mckinley West, Taguig City and is a resident of National Capital Region as shown in his/her company ID.

Please allow travel of our employee to and from National Capital Region to 11th Floor Robinsons Cyber Sigma, Old Lawton Avenue, Mckinley West, Taguig City for the purpose of work.

This certification shall serve as the employee's COVID-19 pass valid until April 15, 2020.

Employee Number:
Employee Name:
Employee
Signature:

John Doe

(Authorized Signatory)