

# Employee No-Claim Certificate for Liability

Date: [DD/MM/YYYY]

To Whom It May Concern,

This is to certify that the following employee has been relieved from their duties at [Company Name] and that, as of the date of issuance of this certificate, no claims or liabilities are pending against them from the company.

<b>Employee Name</b>	: [Full Name]
<b>Employee ID</b>	: [Employee Number]
<b>Designation</b>	: [Position Held]
<b>Department</b>	: [Department Name]
<b>Date of Joining</b>	: [DD/MM/YYYY]
<b>Date of Relieving</b>	: [DD/MM/YYYY]

We further certify that as per the records available, the aforementioned employee has settled all dues (if any) and has not been found to have any financial or material claims outstanding against the company during their period of service, up to and including the relieving date mentioned above.

This certificate is being issued at the request of the employee for their future reference and record.

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Authorized Signatory

[Name & Designation]  
[Company Name]  
Date: [DD/MM/YYYY]

## Important Notes:

- This certificate is valid only if signed and stamped by the authorized person of the company.
- The information provided is based on records available up to the date of issue.
- Any liabilities or claims arising after the date of issue are not covered by this certificate.
- For verification, please contact the HR Department of [Company Name].