

Format of No Due Certificate

[Your Organization/Institution Logo (if applicable)]

[Your Organization/Institution Name]

[Address of the Organization/Institution]

[City, State, Zip Code]

[Date of Issuance]

To Whom It May Concern,

This is to certify that [Full Name of the Person/Entity], [designation/student ID/roll number, etc.] at [Your Organization/Institution Name], has completed all the necessary requirements and obligations and currently has no outstanding dues or liabilities with our organization as of [Date].

This certificate is issued in good faith and based on the records available as of the mentioned date.

It is valid only for the specific purpose it is issued.

If you require any further information or clarification, please feel free to contact us at [Contact Information of the Organization/Institution].

Sincerely,

[Authorized Signatory's Name]

[Designation]

[Your Organization/Institution Name]

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