



RESIGNATION / TERMINATION FORM

(Form B)

Page No.

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Form No.

OGLD - 1175

Rev. No.

5

Effectivity

March 04, 2025

Name of Company:

Business Address:

Contact Number:

NAME	NATIONALITY	POSITION	REASON FOR TERMINATION	EFFECTIVITY DATE

Instructions:

1. Changes in format are not allowed. All fields should be properly filled out.
2. List should be submitted strictly monthly, every 30th of the month (pdf and excel file).
3. Accomplished Resignation/ Termination Form (Form B) should be signed and notarized upon submission.

Certification:

This is to certify that the information provided herein has been carefully verified and found to be updated and accurate.
I understand that misdeclaration and incorrect information may lead to imposition of administrative penalties.

Prepared by:

(Please Sign over Printed Name)

DATE:



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