Certification Letter

To: France Embassy

Fm: Ping An Life Insurance Company of China Beijing Branch

Add: No.23 Finance Ave XichengDist Beijing

Tel: 010-59730519 Fax: 010-59730541

Dear Sir or Madam:

This is to certify that the following person is working in our unit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | D.O.B | P.P. No. | Position | Salary/M | Work time |
| CaiMeng | 11.03.1974 | G18016865 | Vice Director | 5,000RMB | Oct 1995 |

He/She/They will travel to France during 2Jan to 4Feb 2018. Hereby we guarantee that he/she/they will abide all of laws and regulations of the countries where he/she/they stays.

All the cost during the trip including health insurance will be paid by himself/herself/themselves. We will keep his/her/their position during he/she/they outbound and we are sure he/she/they will be back to China on time.

Yours Faithfully

Person in charge: Li Liqiang

Position: General Manager

Register No: 110102159541247

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在职证明信

致:法国大使馆

公司名称：中国平安人寿保险股份有限公司北京分公司

公司地址：北京市西城区金融街23号

公司电话：010-59730519 传真：010-59730541

尊敬的先生或女士：

兹公司证明以下人员在我公司工作，具体信息如下：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 生日 | 护照号 | 职务 | 月薪 | 入职时间 |
| 蔡萌 | 1974.03.11 | G18016865 | 副主任 | 5000 | 1995年10月 |

他/她/他（她）们准备在X年X月X日至X月X日期间去法国旅游，他/她/他（她）会遵守当地的法律法规。

本次旅行所产生的所有费用由他/她/他（她）们自己承担，我们公司会保留其职位,并保证他/她/他（她）们将在旅游结束之后按时归国。

祝好

公司负责人名字：李立强

公司负责人职务：总经理

营业执照或机构代码注册号：110102159541247

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