

#	NUMERO MCA	NUMERO DEC	MONNAIE	DATE VALIDATION	DATE ECHEANCE	CIF	MONTANT APUREMENT	NUMERO AV	MONTANT AV	REF. FACTURE	REF. DECLARATION	DATE DECLARATION	REF. LIQUIDATION	DATE LIQUIDATION	REF. QUITTANCE	DATE QUITTANCE	REF. ASSURANCE	BI/LTA	TYPE PAIEMENT	REMARQUE
1	TCC-00826-0585	DECL1658404-1292-IB	LSD	10/05/2025	11/30/2026	39 369,86	39 369,86	COO 2025 341061-0004	55 041,43	MDHCM2025036	40607	30/04/2026	42825	05/05/2026	9948	09/05/2026	26-013-0000183123	MDHCM2025036-4-01	Partial	AV Provisionnel

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 AGENCE DE REGISTRATION
 3589, Av. Kasasa-Yebbu
 QI Bishahara, C.I. Dilata
 RCCM: 025119318
 QI Bishahara, C.I. Dilata
 LUALABA

Malabar RDC Sarl, RCCM: 13-B-1122, Lubumbashi, DRC
 malabar

