



N°	NÚMERO MCA	NÚMERO DIC	MONTANT E	DATE VALIDATION	DATE ECHÉANCE	MONTANT CF	MONTANT A PAYER	NÚMERO AV	MONTANT AV	REF. FACTURE	REF. COTISATION	DATE COTISATION	REF. LIQUIDATION	DATE LIQUIDATION	REF. QUITTANCE	DATE QUITTANCE	REF. ASSURANCE	DATA	TYPE	REMARQUE
1	KAM-IDDH2E-0699	DECEMBRE-A229-0	2A8	11/10/2025	11/05/2026	2.290.413,34	2.290.413,34	COO 2025 521628-0012	2.290.413,10	500478223.1W8	68798	14/07/2026	69322	15/07/2026	24983	17/07/2026	26-013-0000178934	00A024	Partiel	Libérer Promesse

Nom :
 Date :
 Heure :
 Signature :
 ACCUSE RECEPTION
 Fallbank

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