



lubumbashi, le 23/07/2026

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#	NUMERO MCA	NUMERO REC	MONTANT E	DATE VALIDATION	DATE ECHANGE	CF APURE	MONTANT AV	NUMERO AV	MONTANT AV	REF. ENQUEL	REF.	DATE DECLARATION	REF.	DATE LIQUIDATION	REF.	DATE QUITTANCE	REF.	DATE QUITTANCE	REF. ASSURANCE	W/L/V/A	REMARQUE	TYPE Paiement
1	KAMA-IDONJ2-0989	06C1249386-4660-18	USD	05/28/2016	05/23/2017	36,767.23	36,767.23	CD0 2016 195448-0001	36,767.23	50-0047088	68395	14/07/2026	69486	13/07/2026	14983	17/07/2026	26-010-02000191878	CD00001983			Levier Financier	Partial

SPS	REMARQUE
commentaire	
usage professionnel	

A/E

	
ACCUSE RECEPTION	
Nom :	
Date :	
Heure :	
Signature :	