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TRANSMIS POUR APUREMENT KAM N. 0162-IB-MCA-26 DU 08/04/2026

Lubumbashi, le 09/04/2026
Mme Cna / cna@malabar-group.com
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[Handwritten signature]

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#	NUMERO MCA	NUMERO DEC	MONTANT E	DATE VALIDATION	DATE ECHANCE	CF	MONTANT APURE	NUMERO AV	MONTANT AV	REF. FACTURE	DECLARATION	DATE	REF. LIQUIDATION	LIQUIDATION	DATE	REF. QUITTANCE	DATE	REF. ASSURANCE	BU/LTA	TYPE PAIEMENT	REMARQUE
1	KAM-IDDIR26-0492	DEC1693926-4D25-IB	USD	02/12/2026	02/08/2027	6,732.00	6,732.00	COD 2026 127892-0001	6,732.00	WAF0039E26	28280	26/03/2026	29158	30/03/2026	7329	03/04/2026	26-013-0000173705	C00003887	Total		

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ACCUSE RECEPTION

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Nom: *[Handwritten name]*

Date: *[Handwritten date]*

Heure: *[Handwritten time]*

Signature: *[Handwritten signature]*