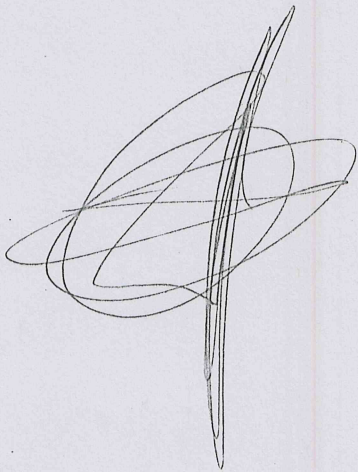


Lubumbashi, le 23/04/2026  
 Mme Gina / gina@malabar-group.com  
 Tél.: +243 81 706 6097  
 M. Pierre / licence.apurement@malabar-group.com  
 Tél.: +243 81 465 8850

#	NUMERO MCA	NUMERO DEC	MONNAIE	DATE VALIDATION	DATE ECHÉANCE	CF	MONTANT APURE	NUMERO AV	MONTANT AV	REF. FACTURE	REF. DECLARATION	DATE DECLARATION	REF. LIQUIDATION	DATE LIQUIDATION	REF. QUITTANCE	DATE QUITTANCE	REF. ASSURANCE	B/L/TA	TYPE PAIEMENT	REMARQUE
1	NSS-IDDIRZG-0207	DECL655946-C93D-18	USD	12/18/2025	12/19/2027	577 224 05	577 224 05	COO 2025 349621-0001	845 330,28	LNNS-2512383-1	34247	11/04/2026	34531	15/04/2026	15685	18/04/2026	26-011-0000280448	C3260108956-001	Total	



raybank  
 ACCUSE RECEPTION  
 Nom : F. Luide  
 Date : 23/04/2026  
 Heure : 09h45  
 Signature : [Signature]

