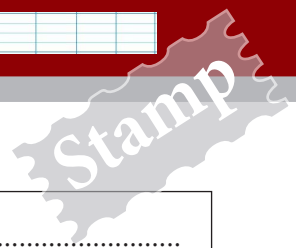


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Service Provider

Business Name^(*) :
 N° Taxpayer's Card^(*) :
 N° Trade Register^(*) :
 Legal Status^(*) : Type of Enterprise^(*) :
 Capital (figures in CFAF) :

Localisation

Country : City :
 Address^(**) : P.O.BOX. :
 Tel.^(*) : Fax :
 E-mail^(*) :
 Web site :

Information on the Public Procurement

Type Procedure^(*) :
 Exercice^(*) :
 Reference^(*) :
 Project Owner^(*) :
 Contracting Authority :
 Subject^(*) :

 Amount (in figures)^(*) :
 Date Signature^(*) :

Information on Payment

Banking Establishment^(*):
 (N° ARMP Account) Banque Atlantique (N° 95101730005-10) BICEC (N° 97568660005-16) CCA BANK (N° 02372968601-31)
 CCEC-SA (N° 00003441001-28) SCB-CAMEROUN (N° 90000193116-91) UBA (N° 18004000204-95)

N° Receipt of Payment/Transfer^(*) :
 Date of Payment^(*) :

Documents attached to the Applications

Original Receipt of Payment/Transfer^(*) : Yes No | Copy of Taxpayer's Card : Yes No
 Copy of the Public Procurement (APO,OIT)^(*) : Yes No | Copy of Trade Register : Yes No

Date :

I hereby declare the above information exact

