

ANNEX D

To: Alawite Islamic Charity Association (AICA)
Subject: Confirmation letter / Validation of Payment
Reference: ITB/AICA/2025/1/001

As a Trainer or representative of the Officer / company / establishment /organization named:

.....

I hereby confirm at my personal responsibility that I accept to receive my payments until the maximum of 30-45 days from submission of invoices (after complete delivery of service).

Name:
Position:
Date:
Stamp and Signature: