**ANNEX D**

**To:** Alawite Islamic Charity Association (AICA)

**Subject:** Confirmation letter / Validation of Payment

**Reference:** ITB/20241001/AICARFQ00700

As a 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 45 days from submission of invoices (after complete delivery of service).

Name:

Position:

Date:

Stamp and Signature:

**ANNEX E**

**To:** Alawite Islamic Charity Association (AICA)

**Subject:** Confirmation letter - Black List

**Reference:** ITB/20241001/AICARFQ00700

I …………………..., As a representative of the officer / company / establishment / organization named:

….…………………………………………………………………………………

I hereby confirm at my personal responsibility that I have never been a prohibited party or on any government’s blacklist.

Name:

Position:

Date:

Stamp and Signature: