

| S/N | NAME OF PAYEE     | NAME OF PAYEE  PHONE NUMBER  PURPOSE OF PAYMENT  (e.g communication, logistics, admin etc) |                 | AMOUNT   | SIGN  |
|-----|-------------------|--|-----------------|----------|-------|
|     | Mal. Hasson Almed | 07038275847  | Facilitator fee | # 30,000 | Hadri |
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| PAYMENT APRROVED BY: | Steve 1  | 48om DATE | 29. 1 | 03/22 | SIGN | AJ Dome |
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## CAROLPIONES

printing and publishing

08068087707 08024972462 08098087707 OFFICE #20 Muri Road, By Lagos Street, Kaduna.

RESIDENCE

No. 9 Dowmayar Close, Faringida Mando, Kaduna.

| Date: 28/02/22  | REGE   | PT EFISCO  | NTRÖLPKÖNGEPTSÉG<br>NTROLPKONGEPTSCE<br>NTROLPKONGEPTSCE<br>NTROLPKONGEPTSC<br>NTROLPKONGEPTSC<br>NTROLPKONGEPTSC<br>NTROLPKONGEPTS<br>NTROLPKONGEPTS | NTROLPHONOEPT                              |
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Our Signature

Customer's Signature