

Schedule 1

Contract Details

| | Execution Date | 08 to 1201& |
|-------------|--------------------|--|
| | CUSTOMER Details | Client Code : 1203-2 |
| | Control Details | Agreement Number : 2024-2025 / 1203 - 2 |
| | | Name: Alivio Pvt Ltd |
| | | |
| | | Company No.: PV 00296831 |
| | | Registered Address: No. 55 / 3, Railway Avenue, Nugegoda. |
| | | Collection Address: No. 55 / 3, Railway Avenue, Nugegoda. |
| | | Nature of business: Health Care Provider |
| | | Central Collection Points: Central |
| Schedule 2 | Applicable Waste | Type I (A) / Type I (B) / Type II (A) / Type II (B) / Type III (A) |
| | Categories | |
| Clause 4.1 | Duration of the | 15 th October 2024 – 14 th October 2025 |
| | Contract | |
| Clause 7.1 | Insurance Covers | N/A |
| Clause 9 | Payment Terms | Cheques to be drawn in favour of: |
| | | 'Sisili Hanaro Encare (Pvt) Ltd.' |
| | | Bank Details: |
| | | Account No: 81013204 |
| | | Bank of Ceylon - Corporate Branch, |
| | | World Trade Centre, West Tower, Level 1, |
| | | Bank of Ceylon Mawatha, Colombo 01. |
| Clause 13.6 | Refundable Deposit | (if any) N/A |
| Clause 21.3 | Notices | CUSTOMER: |
| | | Contact person/designation: Ms.Dilini Sandamali |
| | | Address No. No. 55 / 3, Railway Avenue, Nugegoda. |
| | | Mobile No: 0767678899 |
| | | Email: admissions@alivio.lk |
| | | SERVICE PROVIDER: |
| | | Contact person/designation: Mr. Nalinda Ranaraja - General |
| | | , , , |
| | | Manager |
| · | | Manager Address: No. 05, Rheinland Place, Galle Road, Colombo 03. |
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11 | Page

"Service Provider's", Signature & Rubber stamp ALIVIO (PVT) LTD

Customer's" Signature
Rubber stamp
Director