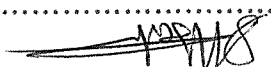


CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) PHILIP MAMBULA MOMBENT
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION
FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT,
ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION
PROVE TO BE FALSE.

Signature 
Position DIRECTOR

Date 15-01-2020

Name of Bidder PHILIP MAMBULA MOMBENT
JS365BW