## **DECLARATION STATEMENT**

I, (full name), in my capacity as				(state position	
in Entity)					
hereby declare that on my behalf, an		•	rs / directors/ad	ministrators	
and/or Other (Please specify)					
of:			(na	ame of Entity)	
of:					
connection with the submitted suppl		•	/physical addres	ss) that, in	
	o o	,			
All information contained herein is tr	ue and not mislead	ding, and it is to	the best of my l	knowledge factua	
and binding on the Entity and/or its F		O,	,	o o	
Name	Date.				
Signature	Comp	oany Stamp			

\*suppliers that provide false information will be disqualified. Also, kindly initial on each page of this document