

DECLARATION

[Please submit on company letter head]

I, the undersigned, Mr. _____ authorized on behalf of Messrs _____, declare and confirm that the information provided herein is true, accurate and correct. I agree that this registration, if accepted, shall be valid for three years from the date of approval and it does not constitute an assumed obligation whatsoever by CMU PR-GFATM HIV/AIDS, TB & MALARIA. I also confirm that in the event of any changes of status or changes in the elements of the aforementioned information, details shall be provided as and when changes take place.

Signature

Date

Name: - _____

Designation _____