

COMPLETION CERTIFICATE - ACTED [MOLDOVA]

This certificate has to be filled in for any works or service(s) contract in order to ensure that the executed works / service(s) have been completed fully complying with the terms and conditions of the given contract.

DATE: 30.12. 2022
PROJECT CODE/BUDGET LINE: 67EVK VC2 1/R
CONTRACT REFERENCE N°:
ACTED INTERNAL ORDER ID:
ACTED SUPPLIER'S CODE:
This works/service completion form is to confirm that the Executor: Companie MBC, SAL on the instructions and upon request of the Customer ACTED performed the volume of service(s) described in the Works/service contract №:
 Acknowledgement of completed works/service(s) (to be filled in by ACTED or ACTED beneficiaries)
Date of Completion of Works/service(s): 30.12.2082
Place of Works/service(s): Compat community centre, Compat, Mobbie
Succinct description of Works/service(s): Repaired on works; prepare beingtory of community centre according to estimate
"We, considered as beneficiaries of the performed Works/service(s), certify that the Works/service described above has(ve) been performed according to the specifications."
Beneficiaries (names and signatures – if they were specifically identified in the contract as works/service beneficiaries and requested to endorse this Works/service Completion Form; alternatively, enclose a document signed by beneficiary(-ies), certifying that the Works/service(s) has been provided). If the direct beneficiary of the service is ACTED, do not fulfill this part.
₩ Works/service(s) fully completed in accordance with the contract
□ Works/service(s) partially completed in accordance with the contract





If partially completed, the person responsible for the activity ¹ has to provide an estimate of the contract proportion/particular items completed
2. Confirmation by Executor "I, Behavered Nadis/ar acting on behalf of Companies MBC SRL, as the Executor, certify that I have performed the/these Works/Service(s) in full as per the requirements set forth in the Works/service contract №: as per described above by the Customer".
Executor's signature: Full name, company affiliation (if any)
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Signature & stamp:
Signature of ACTED designated technical focal point for the contract execution: Name:
ACTED (Area/Country) Logistics Officer/Manager's signature: Name: Trypa Hudwieie va
Signature & stamp:
ACTED Area Coordinator/Country Director's signature: Name:

¹ The person in charge of the activity is in particular the Project Manager for all programmatic activities.

