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| **1. Outil de financement**

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| **Droits de tirage:** |  |  | **Article 39:** |  |  | **Réf Décision:** |  |  |  |  |  |  |  |  |  |

**2. Cadre de financement :**

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| **Individuel** |  | **Collectif Régional**  |  | **Collectif National** |  |

**3. Activité à financer :**

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| **Thème**:…………………………………………………… ……………………………………………………………. | **Réf Action**: |  |

**4. Demande de règlement :** Je soussigné(e) Mr (Mme)(le 1er Responsable) ………………………………….………Fonction:………………………... Représentant de l'Entreprise/Partenaire ……………………………………………………………………………………. .

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Certifie que la structure de formation ………………………………………………… N°d'enregistrement ………………

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a réalisé l'activité de formation indiquée ci dessus, et ce conformément aux conditions de financement et aux références pédagogiques prévues, je reconnais aussi la véracité des pièces jointes, et à cet effet je demande au Centre National de Formation Continue et de Promotion professionnelle de procéder au règlement de cette prestation objet de la facture n° : ….………………………………..…, en date du : ……….……………………....….……au profit de :- l’Entreprise/Partenaire (Raison sociale):…………………………………………………………………………………………….Ou - la Structure de formation ( Raison sociale):……………………………………………………………………………….. du montant de ……………………….…….(en toutes lettres)………………………………………………………….....

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| Sur le compte bancaire  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Banque : ……………….……….... |

**Date ……/……/………****cachet et signature de L'Entreprise/Partenaire** **(Nom et Prénom du 1er Responsable**)

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| **Réservé à l'administration** |
| **Unité régionale** | **Division Audit et contrôle** |
| **Remarque du responsable**  | **Remarque du cadre responsable du dossier :**  |
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