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| Date: |  | Ref: |  |

To: 🞎 Internal Party 🞎 External Party

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| Tel: Fax: |  |

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| Attention: |  |  |

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| Position: |  | 2. |  |
| Department: |  | 3. |  |
| Sign: |  | 4. |  |
| Date: |  | 5. |  |
| Address (Stamp) |  |  |