



RWANDA INVESTIGATION BUREAU

PROVINCE BUREAU : WESTERN
DISTRICT BUREAU : RUBAVU
STATION BUREAU : GISENYI



LOST DECLARATION FORM

We **RUGENGAMANZI Alphonse** the undersigned Officer in Charge of RIB STATION GISENYI with general competence to investigate crimes confirm that:

Names: *MU. SHIMIMANA Aimé*
 Son/Daughter of: *HAKIZIMANA Anjase*
 And: *NINONTEZE Thoz*
 Born on: *19/02/1995*
 Province: *EST*
 District: *KIREHE*
 Sector: *MPANGA*
 Cell: *NASHO*
 Village: *PILOTE*
 Nationality: *RWANDANS*
 Occupation: *POLICE*
 Current residence:
 Province: *WEST*
 District: *RUBAVU*
 Sector: *GISENYI*
 Cell: *MENGO*
 Village: *GUKARAWI*
 Phone number: *0785505008*

He/she came to our office to declare the loss of the following items:

..... *Certificate diplome A2*

This is to certify that the above-mentioned person has formally declared the loss of above items. This certificate is valid for **30 days** from the date of issuance.

Done on: *15/11/2021*.....

Names **RUGENGAMANZI Alphonse** Signature.....

