



CERTIFICATION OF TRANSLATION

Project number: S-256117

Name of files: Dutch to English / IGAdvisors Ltd

Job performed on: 27-11-2025

Translation from language: Dutch

Translation into language: English

Translation performed by: U.T.S Inter

Date of certification: November 27, 2025

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MINISTERIE VAN
FINANCIËN
LANDSONTVANGER



VERKLARING NAKOMING BELASTING EN PREMIESCHULDEN

Datum : 22-11-2025

Hierbij verklaart de **Landsontvanger Curaçao** mede namens de **Direkteur van de Sociale Verzekeringsbank Curaçao** ingevolge uw verzoek dat:

Naam : KIKA TECHNOLOGY BV
Naam belastingschuldige

Adres : ZUIKERTUINTJEWEG Z/N
Adres belastingschuldige

SVB-/Cribnummer : 102 671 199
SVB-/Cribnummer belastingschuldige

geen openstaande schuld heeft.

Uitdrukkelijk wijs ik u op het volgende:

1. Deze verklaring heeft uitsluitend betrekking op gegevens die op bovenstaande datum bij de Landsontvanger bekend waren.
2. De Landsontvanger is niet aansprakelijk voor eventuele nadelige gevolgen die voortvloeien uit het gebruik van deze verklaring.
3. Aan deze verklaring kan volstrekt geen vrijwaring voor aansprakelijkheid worden ontleend.
4. **Uitdrukkelijk wordt u erop gewezen dat bij het niet nakomen van enige afspraak of betalingsregeling de volgende keer geen verklaring wordt afgegeven voordat de afspraak of betalingsregeling alsnog is nagekomen.**

De Landsontvanger Curaçao

Mede namens de Directeur van de Sociale Verzekeringsbank Curaçao

Kantoorstempel en handtekening



Mvr. Sylvia Fleming
Invorderaar

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STATEMENT OF COMPLIANCE WITH TAX AND PREMIUM DEBTS

Date November 22, 2025

Hereby declares the **National Receiver of Curaçao**, on behalf of the **Director of the Social Insurance Bank of Curacao** pursuant to your request that:

Name KIKA TECHNOLOGY BV
Name of taxpayer

Address ZUIKERTUINTJEWEG Z/N
Address of taxpayer

SVB-/Crib number 102 671 199
SVB-/Crib number of taxpayer

has no outstanding debt.

I expressly draw your attention to the following:

1. This statement refers only to data known to the National Receiver as of the above date.
2. The National Receiver is not liable for any adverse consequences resulting from the use of this statement.
3. Absolutely no release from liability can be derived from this statement.
4. **Your attention is expressly drawn to the fact that if any agreement or payment arrangement is not met, no statement will be issued next time until the agreement or payment arrangement has been met.**

The National Receiver of Curacao
Also, on behalf of the Director of the Social Insurance Bank of Curacao

Office stamp and signature
[Stamp]

[Signature]
Ms. Sylvia Fleming
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Tel: 461-5000

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