



## JOB COMPLETION CERTIFICATE

### Client Information

|  |                                |
|--|--------------------------------|
| Company/Name:<br>KIMBA HEALTHY CENTRE<br>III | Contact Person: NAKNEKA SOPHIA |
| Physical address:<br>KIMBA                   | E-mail Address:                |
| Site ID: WE2814                              | Telephone No.: 0756949351      |
|  | Alternative No.: 0783754979    |
|  | Designation: MCH-TESTER        |

### Field Engineer

| Equipment Details                |                              |
|----------------------------------|------------------------------|
| Vendor Name: Runway Networks Ltd | Type of Equipment: FORCE 190 |
| Date: 11/1/2022                  | Model Name:                  |
| Time in: 12:30PM                 | Model Number:                |
| Time out: 6:10PM                 | Serial No.:                  |

### Activity

|                    |                    |
|--------------------|--------------------|
| Installation       | INSTALLED & TESTED |
| Support            |                    |
| Additional service |                    |

### Service Delivery Note

| Client Remarks /Signature | Vendor Engineer Remarks /Signature | Solutions Delivery Manager Signature |
|---------------------------|------------------------------------|--------------------------------------|
|                           |                                    |                                      |

