



# PROOF OF PAYMENT REQUEST FORM

DATE...2020-01-03.....

CUSTOMER NAME...Laura Lauren.....ID NUMBER...34568654.....

CONTACT NUMBER...07123 432432.....EMAIL ADDRESS...lauren.laura@email.com.....

ACCOUNT NUMBER...5468912.....BRANCH NAME...Oxford st London.....

TRANSACTION DATE...2019-12-25.....TRANSACTION VALUE...£654.12.....

TRANSACTION REFERENCE NUMBER...08123456789345.....

NATURE OF TRANSFER (RTGS/ZIPIT/INTERNAL/BILL PAYMENT) ...Bill Payment.....

BENEFICIARY'S FULL NAME...Darius Gumber.....

**Declaration:** In consideration of you accepting e-mail or WhatsApp (only from registered email addresses & mobile number) enquiries or instructions from me/us to access Proof of Payment documents for transactions on my/our account in my/our name on your books, I/we hereby indemnify CBZ Bank, its officers and employees against any losses or claims for damage arising from errors, delays, incorrect details or system related challenges beyond its control. I/We confirm that the details herein furnished are correct.

.....Laura Laured.....

CUSTOMER SIGNATURE

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CUSTOMER SIGNATURE

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CUSTOMER SIGNATURE