## CABS RECORD OF TRANSACTION

A Member of the OLDMUTUAL Group

DATE: 15/07/20 REFERENCE: FT20197JWX79 RIGG CREDIT ADVICE BENEFICIARY BANK: 1,925.00 TRANSFER AMOUNT

Apply for an affordable CABS Funeral Plan at any CABS Branch

CABS 1531/14

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Authorised Signature(s)	Signature 3		Signature 4
Date			18
F	OR OFFICE USE O	NLY	7
Customer / Bearer on Indemnity Pos	itively identified and	Details Verified By	70
Shand	QA (	59:49	10 K
Name	Signature	Time Received	OFFICIAL STAMP
Call-back Performed By:	N.	Signature	INITIALS
Date 1515110	Time	10,	B. Co.
Payment Authorised By: Name		Signature	E. CARS excited any los
I/we understand that payments made via Z	ETTS are irrevocable a	and final and I/we inde	enning CABS against any los

arising as a result of this transaction. I/we hereby acknowledge that CABS is not liable for errors, omissions or delays in transmission arising from circumstances beyond its control.

I/we understand that completion and submission of this form is merely an instruction provided to CABS and not a guarantee that payment will be processed.

P O Box 2798, Harare, Tel: 883823, Fax: 883804, Email: management@cabs.co.zw

CABS 280/19

RTGS INSTRUCTION FORM
Date FOR OFFICE USE ONLY
ount Number Time
Account Name MSHCOMM TO ONLIAL STATES
Account Type (Title By VGO)
Account Currency 7WI USB
I.D. Details 75 + 15 7 2 3 x 1
Address 49 Homeyon 37 Marco
Telephone: Bus: 0392262006 Res: 039225420 Coll. 0003 264201
and the debited (in words): One thousand mad hand a
Name of bank to be credited CBZ
Account Number 011 21064 850020
Account Name Procurement deculation Att it
Payment Details: New registret
Please indicate if the transaction is taxable by ticking the box IMTT Taxable
Please indicate if the transaction is exempted by ticking appropriate box
Intra Corporate  Intra Corporate
Trongasti elision Fund
False information will be prosecuted by ZIMRA  Authorised Signature(s)
Authorised Signature(s)Signature 1 Signature 2
Date Signature 3
Signature 4
Customer / Bearer on Indemnity Positively identified and Details Verified By:
Name Of 119
Call-back Performed By:  Signature  Time Received  OFFICIAL STAMP
Name
TimeTime
Payment Authorised By:
signature arising as a result of this transaction. I/we hereby acknowledge that CABS is next light of CABS against any loss
guarantee that payment will be processed
P O Box 2798, Harare, Tel: 883823, Fax: 883804, Email: management@cabs.co.zw
CABS 280/10