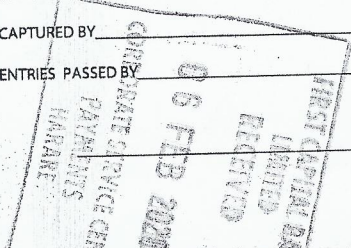


ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM

Customer to fill in blank spaces		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> RECEIVED & ANSWERED STAMP </div>
Date <u>06/02/2020</u> Complete in Triplicate		
The Manager First Capital Bank Limited FCDA _____ BRANCH _____		
Dear Sir/Madam		
APPLICATION FOR ELECTRONIC TRANSFER <i>Kindly effect the following transfer via ZETSS; *</i>		
Amount in figures (USD) <u>1 750,00</u> Value Date _____ Amount in words <u>ONE THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS ONLY</u>		
APPLICANT'S DETAILS BAK LOGISTICS T/A PREMIER FORKLIFT SERVICES ID Number _____ Applicant's full name _____ Nature of Business/Occupation <u>LOGISTICS</u> Business Address <u>106 DARTFORD ROAD, WILLOWVALE HARARE</u> Account Denomination <u>RTGS DOLLAR</u> Debit Account Number <u>21571018845</u> Branch <u>2144</u>		
BENEFICIARY'S DETAILS PROCUREMENT REGULATORY AUTHORITY OF ZIMBABWE NAME AND ADDRESS _____ BENEFICIARY'S BANKERS <u>CBZ</u> BRANCH <u>KWAME NKRUMAH</u> ACCOUNT NUMBER <u>01121064850020</u>		
REASON FOR PAYMENT Purchase <input checked="" type="checkbox"/> Investment <input type="checkbox"/> Utility Bill <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> TRANSACTION DESCRIPTION <u>2020 REGISTRATION</u>		
For Zimra Payments Please provide the following: Tax Obligation _____ Business Partner No _____ Area Office Code _____		
<p><small>I/We do hereby represent and declare to First Capital Bank that the above information is true and accurate in every respect. I/We undertake to retain the supporting documents and invoices for this transaction and to provide same to First Capital Bank on request. I/We further understand that payments made via the ZETSS are final and irrevocable and may not be reversed or set aside for any reason whatsoever. I/We hereby acknowledge that First Capital Bank is not liable for any direct or indirect damages whatsoever and howsoever arising or errors, omissions or delays in transmission attributable to me/ us or arising from circumstances beyond First Capital Bank's control. I/We understand that it is an offence to use the ZETSS to undertake or facilitate money laundering or unlawful transactions. I/We irrevocably authorise First Capital Bank to reverse, block or suspend any unlawful transactions. I/We hereby indemnify First Capital Bank against any costs, claims, liability or losses whatsoever arising from this transaction or unlawful use of the RTGS system. First Capital Bank's liability in the event of any proven claim is limited to and may not exceed interest on the transaction amount.</small></p> <p><small>I/We acknowledge that no RTGS instruction shall be deemed to have been accepted by the bank for any purpose until my/ our account with details provided above has been duly debited with the amount of the RTGS instruction.</small></p>		
Authorised Signatories _____ FULL NAMES <u>MOSES MAKAHAMADZE</u> Contact Numbers: <u>0772481028/620071-7</u>		
FOR BANK USE ONLY		
WALK IN CUSTOMERS DATE: <u>06/02/2020</u> TIME _____ NAME OF CUSTOMER/PRESENTER <u>Mr. Moses Makahamadze</u> POSITIVE IDENTIFICATION NUMBER <u>06-054576-1004</u> NAME OF RECIEVER _____ SIGNATURE _____		CALL BACK CONFIRMATION CONFIRMED BETWEEN _____ COMPANY OFFICIAL NAME _____ BANK OFFICIAL NAME _____ TEL/CEL No PHONED _____ DATE PHONED _____ TIME PHONED _____ AUTHORISED BY _____ CONFIRMED BY _____
BACK OFFICE CAPTURED BY _____ ENTRIES PASSED BY _____		AUTHORISED SIGNATORIES _____ _____
		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> CROSS ENTRY STAMP </div>