



Partners For Success

S. MASUKU
08-590268X53

Internal Funds Transfer

Date

14 08 20

The Manager, KADOMA Branch
Please effect the following transfer and debit my/our account.

Account Number

61761565980016

Applicant's Details

Account name GOSHEN CITY

Beneficiary's Details

Account name PRAZ

Account Number

1121064850020

Amount \$

1,950 = 00

Amount in Words

ONE THOUSAND SEVENTY NINE

HUNDRED AND FIFTY DOLLARS ONLY

I/We hereby:

- Confirm that the details herein furnished are true and correct.
- Acknowledge and accept that a stamped copy of this form does not imply that funds have been transferred to the beneficiary account, but is merely an acknowledgment receipt of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may not be actioned in the event of insufficiency of funds or other restrictions being placed on the account.
The onus is upon me/us to confirm with the beneficiary that the funds have been received.
- Indemnify CBZ Bank, its officers, agents and employees against any losses or claims arising from errors, delays, incorrect details or system-related challenges beyond its control or any other acts or circumstances constituting force majeure affecting the processing of the funds transfer in any way.

Customer's Signature

Customer's Signature

Bank Use Only

Signature Verified By:

Identification:

(ID/Passport/Driver's Licence)

Available Balance:

Book Balance:

Confirming Persons:

(Where a customer sends third party)

Authorised By: