

0516396

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM

Customer to fill in blank spaces

The Manager

First Capital Bank Limited

L. TAKAWIRA

BRANCH

Date

23/01/2020

Complete in Triplicate

Dear Sir/Madam

APPLICATION FOR ELECTRONIC TRANSFER Kindly effect the following transfer via ZETSS;

Amount in figures (ZWL)

\$ 1 760.00

Value Date

23/01/2020

Amount in words

ONE THOUSAND SEVEN HUNDRED AND SIXTY DOLLARS ONLY

APPLICANT'S DETAILS

Applicant's full name

COMET COMPUTER SYSTEMS

ID Number

Nature of Business/Occupation

RETAIL

Business Address

SHOP 6 BULAWAYO CENTRE SECOND FLOOR

Account Denomination

ZWL

Debit Account Number

23421053146

Branch

L. TAKAWIRA

BENEFICIARY'S DETAILS

NAME AND ADDRESS

PROCUREMENT REGULATORY AUTHORITY OF ZIMBABWE

BENEFICIARY'S BANKERS

COMMERCIAL BANK OF ZIMBABWE

BRANCH

KNAME NKURUMAH

ACCOUNT NUMBER

01121064850020

REASON FOR PAYMENT

Purchase ☐

Investment ☐

Utility Bill ☐

Rent ☐

Other ☐

TRANSACTION DESCRIPTION

PRAZ RENEWAL

For Zimra Payments Please provide the following:

Tax Obligation

Business Partner No

Area Office Code

I/We do hereby represent and declare to First Capital Bank Limited 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 Limited 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 Limited 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 Limited' 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 Limited to reverse, block or suspend any unlawful transactions. I/We hereby indemnify First Capital Bank Limited against any costs, claims, liability or losses whatsoever arising from this transaction or unlawful use of the RTGS system. First Capital Bank Limited' liability in the event of any proven claim is limited to and may not exceed interest on the transaction amount. 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.

Authorised Signatories

FULL NAMES

Memory Chada

Contact Numbers:

0773721881

FOR BANK USE ONLY

WALK IN CUSTOMERS

DATE:

TIME

NAME OF CUSTOMER/PRESENTER

POSITIVE IDENTIFICATION NUMBER

NAME OF RECEIVER

SIGNATURE

BACK OFFICE

CAPTURED BY

ENTRIES PASSED BY

CALL BACK CONFIRMATION

CONFIRMED BETWEEN

COMPANY OFFICIAL NAME

BANK OFFICIAL NAME

TEL/CEL No PHONED

DATE PHONED

TIME PHONED

AUTHORISED BY

CONFIRMED BY

AUTHORISED SIGNATORIES

