

Payment instruction - Detailed report

Batch details

Batch id	Date & time created	Payment type
37593856	28/01/2020 03:35:40 PM CAT	MEDTECH
No. of instructions	Customer batch reference	Submission mechanism
1		Online capture
Last modified date	Amount	Currency
29/01/2020	1,750.00	ZWL
Date & Time submitted	Date & Time accepted	Status
29/01/2020 06:02:10 AM CAT	28/01/2020 04:13:58 PM CAT	Fully Processed

Instruction details

Instruction id.	Value date	Status
39111660	29/01/2020	Delivered for Processing
No. of transactions	Service level	Authoriser
1	Urgent	[MUCHAKANAKIRWA MARTIN LUTHER MKANGANWI]
Credit amount	Charges paid by	Submission mechanism
1,750.00 (ZWL)	OUR	Online capture
Funding option		
Available funds		

Pay from

Account number	Account name	Account type
9140002962968	MEDTECH EDUCATION & LAB	OD005-Business Banking Current Account
Debit amount	Total transfer amount	
1,750.00 (ZWL)	1,750.00 (ZWL)	
Debit account currency	Transfer currency	Debit reference
ZWL	ZWL	PRAZ 2020 LICENCE RENEWAL
BIC (SWIFT)		
SBICZWHX		

Transaction details

Transaction id.	Beneficiary code	Beneficiary name
2	SPB	STATE PROCUREMENT BOARD
Beneficiary type	Beneficiary entity category	Beneficiary nationality
Pre-defined		
	Account number	Account type
	01121064850020	
Account currency	Sort Code	BIC (SWIFT)
USD	06101	COBZZWHA
Beneficiary bank name	Beneficiary bank branch name	IBAN
CBZ BANK LIMITED	Kwame Nkrumah Avenue	
Transfer amount		Beneficiary reference
1,750.00		PULSE TECHNOLOGIES
Transaction type	ISN/Bus Ref	Submission mechanism
RTGS		Online capture

Disclaimer

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Transaction status

Delivered for Processing

Intermediary bank name

Intermediary bank city

Intermediary bank BIC(SWIFT)

Correspondent bank name

Correspondent bank city

Correspondent bank BIC(SWIFT)

Biller id.

Class of entry

Instruction code

Instruction text

Regulatory reporting

Beneficiary gender

Beneficiary identification type

Regulatory reporting

Beneficiary identification no

Passport country

Beneficiary address

Beneficiary bank address

OLD RESERVE BANK BLDNG 76 SAMORA

Balance of Payment reason

Pay alert details

Title and name**Address or number****Status****Date and time sent****End of report****Disclaimer**

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