

VOUCHER NO:
CBN0104

ZIPAM

BANK PAYMENT VOUCHER

DATE: 06/12/19

PAYEE: PRAZ

DETAILS OF PAYMENT	ORDER	INVOICE No:	AMOUNT	ALLOCATION CODE
ANNUAL REGISTRATION FEE			\$1925.00	
TOTAL			\$1925.00	

Amount paid in words: One thousand nine hundred and twenty five dollars only

Compiled by: D. Chirake Belle 06/12/19
Name Signature Date

Passed for payment by R. Murekoseh [Signature] 6/12/19
[Accountant] (Signature) Date
Authorized by F. W. L. Kumbale [Signature] 6/12/19
[Finance Manager] (Signature) Date

Internal Funds Transfer

Date

dd	mm	yy
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Manager, NORTON Branch
 effect the following transfer and debit my/our account. Applicant's

6	6	9	6	1	3	4	1	4	3	0	0	1	6
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name ZIPAM

Beneficiary's Details

name PROCUREMENT REGULATORY
AUTHORITY OF ZIMBABWE

Account Number

0	1	1	2	1	0	6	4	8	5	0	0	2	0
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\$1925	00
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Amount in Words ONE THOUSAND NINE HUNDRED
AND TWENTY FIVE DOLLARS ONLY

I declare that the details herein furnished are true and correct.

I hereby 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to the beneficiary account, but is merely an acknowledgment of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may be voided in the event of insufficiency of funds or other restrictions being placed on the account. It is upon me/us to confirm with the beneficiary that the funds have been received. iii. Indemnify CBZ Bank, its officers, agents and employees against any 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.

Signature [Signature]

Customer's Signature [Signature]

Verified By: _____

Bank Use Only

Identification: _____

(ID/Passport/Driver's Licence)

Balance: _____

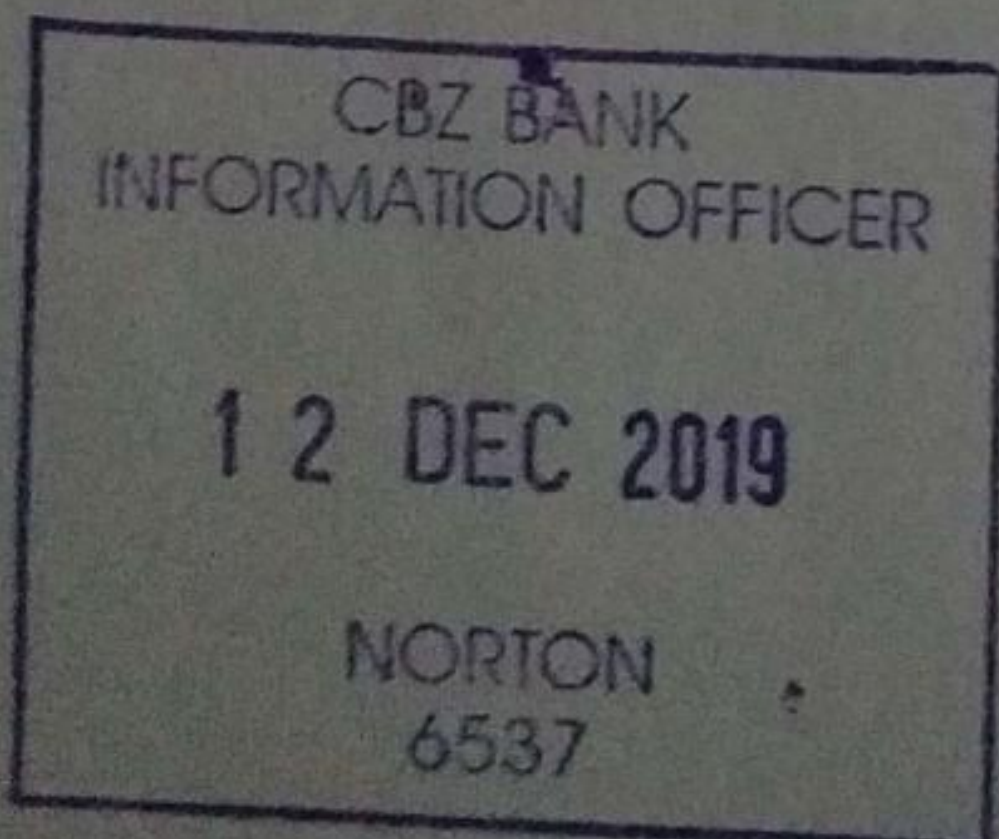
Book Balance: _____

Number of Persons: _____

Authorised By: _____

(customer sends third party)

PAID



PAID