

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM

The Manager
First Capital Bank Limited

Customer to fill in blank spaces

Date 16/10/2020

Complete in Triplicate

BRANCH

Dear Sir/Madam

APPLICATION FOR ELECTRONIC TRANSFER

Kindly effect the following transfer via ZETSS;

Amount in figures (ZWL) 8300 Value Date 16/10/2020
Amount in words EIGHT THOUSAND THREE HUNDRED DOLLARS

APPLICANT'S DETAILS

Applicant's full name TENDAI JAMBIRE ID Number 54-083918R54
Nature of Business/Occupation _____
Business Address 14 OCEANVIEW CRANEBONE HRE

Account Denomination

Debit Account Number 21431121190 Branch HIGHLANDS

BENEFICIARY'S DETAILS

NAME AND ADDRESS PROSECUTOR GENERAL'S OFFICE ZIMBABWE
BENEFICIARY'S BANKERS CBZ

BRANCH ILWAME NERLIMAH ACCOUNT NUMBER 0121064850020

REASON FOR PAYMENT Purchase ☐ Investment ☐ Utility Bill ☐ Rent ☐ Other ☒

TRANSACTION DESCRIPTION CATEGORY ADDITION - COL4 BUILDING AND

For Zimra Payments Please provide the following: MAINTANANCE

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 T. Jambire

FULL NAMES TENDAI JAMBIRE

Contact Numbers: 0772 840 369

FOR BANK USE ONLY

WALK IN CUSTOMERS

DATE 16/10/20 TIME 9.42
NAME OF CUSTOMER/PRESENTER T. Jambire

POSITIVE IDENTIFICATION NUMBER 54-083918R54

NAME OF RECEIVER MSRA

SIGNATURE [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

