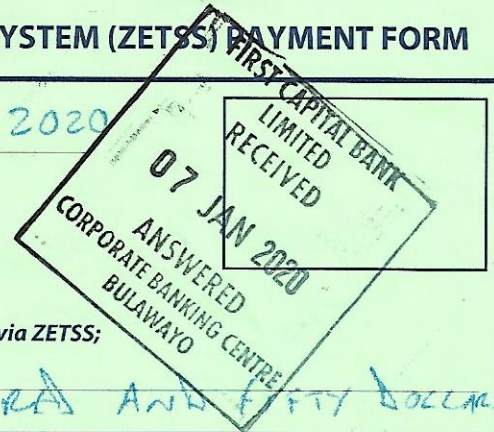


0513302

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM


Customer to fill in blank spaces

The Manager

First Capital Bank Limited

MAIN ST BRANCH

Date

7 JANUARY 2020

Complete in Triplicate

Dear Sir/Madam

APPLICATION FOR ELECTRONIC TRANSFER

Kindly effect the following transfer via ZETSS;

Amount in figures (ZWL)

\$1750-00

Value Date

Amount in words

ONE THOUSAND SEVEN HUNDRA AND FIFTY DOLLAR

TIA MASCOPE

APPLICANT'S DETAILS

Applicant's full name

THREE LEVELS INVESTMENTS

ID Number

Nature of Business/Occupation

MEDICAL SUPPLIES

Business Address

16039 PARKLANDS BULAWAYO ZIMBABWE

Account Denomination

Debit Account Number

23071091392

Branch

BENEFICIARY'S DETAILS

NAME AND ADDRESS

PROCUREMENT REGULATORY AUTHORITY OF ZIMBABWE

BENEFICIARY'S BANKERS

COMMERCIAL BANK OF ZIMBABWE

BRANCH

NKHAME NKURUMAH

ACCOUNT NUMBER

01121064850020

REASON FOR PAYMENT

Purchase ☐

Investment ☐

Utility Bill ☐

Rent ☐

Other ☐

TRANSACTION DESCRIPTION

RENEWAL OF REGISTRATION

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

TRANS SIZIKA

Contact Numbers:

0772 282 753

FOR BANK USE ONLY
WALK IN CUSTOMERS

DATE:

7/01/2020

TIME

9:17

NAME OF CUSTOMER/PRESENTER

T SIZIKA

POSITIVE IDENTIFICATION NUMBER

08-707780056

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