

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM

Customer to fill in blank spaces

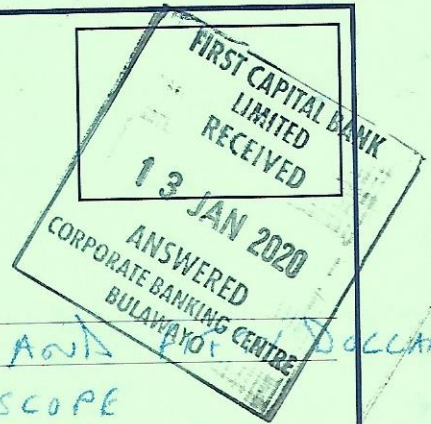
The Manager

First Capital Bank Limited

Date

13/01/2020

Complete in Triplicate


MAIN ST BRANCH

Dear Sir/Madam

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

Amount in figures (ZWL) **\$1750** Value Date _____
Amount in words **ONE THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS**
APPLICANT'S DETAILS

Applicant's full name **THREE LEVELS INVESTMENTS** ID Number _____

Nature of Business/Occupation **MEDICAL SUPPLIES**

Business Address **16039 PARKLANDS RULAMBO ZIMBABWE**

Account Denomination _____

Debit Account Number **23071091392** Branch _____

BENEFICIARY'S DETAILS

NAME AND ADDRESS **PROCUREMENT AUTHORITY OF ZIMBABWE**

BENEFICIARY'S BANKERS **COMMERCIAL BANK OF ZIMBABWE**

BRANCH **NKAME NKUMAH** ACCOUNT NUMBER **01121064850020**

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

TRANSACTION DESCRIPTION **RENEWAL GP004**

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 **TRUST SIZIKWA**

Contact Numbers: **0772282753**
FOR BANK USE ONLY
WALK IN CUSTOMERS

DATE: **13/01/2020** TIME **9:04**

NAME OF CUSTOMER/PRESENTER **SIZIKWA**

POSITIVE IDENTIFICATION NUMBER **08-707780C56**

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