	RTGS, INSTRUCTION FORM
2	Date FOR OFFICE USE ONLY
	A Member of the OLDMUTUAL Group Received STIME Time
	Account Number 1003422780
	Account Name ASHER MACAGO
	Account Type (Tick Applicable) Nostro FCA RTGS Account
	Account Currency (Please tick applicable)
	I.D. Details 04-099319 W DV
	Address No 48 73 HATWELL FOR
	Telephone: Bus: Res: Cell:
A. C.	Amount to be debited (in words): DNE THOUGH & SEVEN
y-Ta	Amount (in figures) 1750 D
	Name of bank to be credited A KWAME WKYLUMAH
	Account Number 01121064888020
	Account Name
	Payment Details: KEJEWIN - CAR 100 CL 4 MINGHINE
-	Please indicate if the transaction is taxable by ticking the box IMTT Taxable
	OR Please indicate if the transaction is exempted by ticking appropriate box
	Marketable Securities Manay Market Securities Remuneration
	Intra Corporate Transfer from Trust Account Pension Fund
	Petroleum Product Transaction to self Government Transcation
	False information will be prosecuted by AIMRA
	Authorised Signature(s)
	Signature 1 Signature 2
	Authorised Signature(s)Signature 3Signature 4
	Date Date Signature 3 Signature 4
	FOR OFFICE USE ONLY
	Customer / Bearer on Indemnity Positively identified and Details Verified By:
	Control (Control)
	Name Signature Time Received OFFICIAL STAMP
	Call-back Performed By: Name Signature Signature
	Date Time
	Payment Authorised By:
	I/we understand that payments made via ZETTS are irrevocable and final and I/we indemnify CABS against any loss arising as a result of this transaction. I/we hereby acknowledge that CABS is not liable for errors, omissions or delays in transmission arising from circumstances beyond its control.
	I/we understand that completion and submission of this form is merely an instruction provided to CABS and not a guarantee that payment will be processed.
	P O Box 2798, Harare, Tel: 883823, Fax: 883804, Email: management@cabs.co.zw CABS 280/19

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