

Authorised Signatory 1,

Arthorised Signatory 2.....

Z.E.T.S.S. PAYMENT FORM

Complete in triplicate AGF 158/25/06 (in black ink)

Treasury

Date Stamp

The Manager AGRIBANK	PAGE CHARLES	Dale	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dear Sir/Madam	.Branch	Bonk Ref	- COD FILE OF
APPLICATION FOR ELECTRONIC FUNDS TRA	ANSSED	4	to The State of
Kindly effect the to lowing funds transfer	1001-1-100		Charles Office
AMOUNT IN FIGURES US\$ 175	1		
AMOUNT IN WORDS dollars	thousand Seven 1	aundred.	and Util
ACCOUNT NAME AV	Excellenty		
ACCOUNT TO 0 4	40002201	36	VALUE DATE
VEFICIARY DETAILS	+ D L	- A 730	
NAME AND ADDRESS: Fraculemen	t Kegulatory	* ZIM	go on c
ACCOUNT NUMBER 011210	64 \$ 50020	RANCH	E N.K. Mark
DETAILS OF PAYMENT	Excellence - PRA	2 Registr	allen
Applicant's Full Name.	tet House		
Address	ark flore		
Phone No.	**************************************		
I/we understand that payments made vio indemnity Agribank agoinst any loses arisi	tha RTGS (//imbabwe Electronic Tran ng as a result of this transaction.	sfer Selflemont Syste	m) are inacovarable and I/we
We hereby acknowledge that the bank in trot. THIS DOCUMENT DOES NOT SERVE AS C. storner's signature(s, ; (1)	PROOF OF PAYMENT,		
csone signations, [1]	FOR BANK USE O		
BRANCH	FOR BANK USE O		REASURY BACK OFFICE
	-		
Reserved (Date & Time)	Captured By	evenin time.	Reneived By
Customer's signatures Verified	0.04	9	R PGS Processed By
Available Balanco(specify currency and amount	I Transact on Ref		RTGS Authorised By