



A Member of the OLD MUTUAL Group

## RTGS INSTRUCTION FORM

FOR OFFICE USE ONLY  
Date Received 10/1/20 Time 11:47

Account Number 1001660870  
Account Name TOP SHAPE INVESTMENTS  
Account Type (Tick Applicable) Nostro FCA ☐ RTGS Account ☒  
Account Currency (Please tick applicable) ZWL ☒ USD ☐ ZAR ☐ BWP ☐ GBP ☐ EUR ☐  
I.D. Details 70-145216Z-70  
Address 26 ST MARKS RD BGE B40  
Telephone: Bus: \_\_\_\_\_ Res: 715 404 434  
Amount to be debited (in words): One thousand seven hundred & fifty Amount (in figures) 1750

Name of bank to be credited CBSZ  
Account Number 01121064850020  
Account Name PROCUREMENT REGULATORY AUTHORITY OF ZIM  
Payment Details: G/C 1008 Corporate wear  
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 ☐ Money Market Securities ☐ Remuneration (salaries/wages)  
☐ Intra Corporate ☐ Transfer from Trust Account ☐ Pension Fund  
☐ Petroleum Product ☐ Transaction to self ☐ Government Transaction  
False information will be prosecuted by ZIMRA

Authorised Signature(s) \_\_\_\_\_ Signature 1 N/A  
Authorised Signature(s) \_\_\_\_\_ Signature 2 N/A  
Date 10/1/2020 Signature 3 \_\_\_\_\_ Signature 4 \_\_\_\_\_

### FOR OFFICE USE ONLY

Customer / Bearer on Indemnity Positively Identified and Details Verified By: \_\_\_\_\_

Name Nwagwu Signature \_\_\_\_\_ Time Received 11:47  
Call-back Performed By: \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Payment Authorised By: \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

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.



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## RTGS INSTRUCTION FORM

FOR OFFICE USE ONLY  
Date Received 10/1/20 Time 11:40

Account Number 1001660870  
Account Name Top Shape Investments  
Account Type (Tick Applicable) Nostro FCA ☐ RTGS Account ☒  
Account Currency (Please tick applicable) ZWL ☒ USD ☐ ZAR ☐ BWP ☐ GBP ☐ EUR ☐  
I.D. Details 70-145216Z-70  
Address 26 ST MARKS RD BGE B40  
Telephone: Bus: \_\_\_\_\_ Res: 715 404 434  
Amount to be debited (in words): One thousand seven hundred & fifty Amount (in figures) 1750

Name of bank to be credited CBSZ  
Account Number 01121064850020  
Account Name PRAZ  
Payment Details: S/P 002 - Partitioning + shop fitting  
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 ☐ Money Market Securities ☐ Remuneration (salaries/wages)  
☐ Intra Corporate ☐ Transfer from Trust Account ☐ Pension Fund  
☐ Petroleum Product ☐ Transaction to self ☐ Government Transaction  
False information will be prosecuted by ZIMRA

Authorised Signature(s) \_\_\_\_\_ Signature 1 N/A  
Authorised Signature(s) \_\_\_\_\_ Signature 2 N/A  
Date 10/1/20 Signature 3 \_\_\_\_\_ Signature 4 \_\_\_\_\_

### FOR OFFICE USE ONLY

Customer / Bearer on Indemnity Positively Identified and Details Verified By: \_\_\_\_\_

Name Nwagwu Signature \_\_\_\_\_ Time Received 11:41  
Call-back Performed By: \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Payment Authorised By: \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

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