CABS/ RTG\$ INSTRUCTION FORM	
Date POR OFFICE USE ONLY	_
A Mumber of the OLDMUTUAL Group Received Time	
Account Number 1 0 2 7 7 8 6 8 3 7	
Account Name Done we wichus AVT UTO	
Account Type (Tick Applicable) Nostro FCA RTGS Account	LID
Account Currency (Please tick applicable)	UR
1, D. Details 63 - 12125 62-168	
Address SMITE 3 MALLIS COURT HIGHLANDS	_
Telephone: Bus: 480414 Res: Cell: Ce	_
Amount to be debited (in words):	7
Amount (in figures)	-
Name of bank to be credited	
Account Number 01/2 106 48 (002-0	_
Account Name Workeners Figure 1670 Authority of 2	1200
Payment Details:	_
Please indicate if the transaction is taxable by ticking the box IMTT Taxable	
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 Transcat	ion
False information will be prosecuted by ZIMRA	
Authorised Signature(s) Signature 1 Signature 2	_
Signature 1 Signature 2 Authorised Signature(s)	
Date Signature 3 Signature 4	_
FOR OFFICE USE ONLY	energia .
Customer Bearer on Indemnity Positively identified and Details Verified By:	
Wahre Signature Time Received OFFICIAL STAMP	
Call-back Performed By: Name Signature AND AND INITIALS	
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 learning as a result of this transaction. I/we hereby acknowledge that CABS is not liable for errors, omissions or delay transmission arising from circumstances beyond its control.	oss s in
I/we understand that completion and submission of this form is merely an instruction provided to CABS and no guarantee that payment will be processed.	nt a
P O Box 2798, Harare, Tel: 883823, Fax: 883804, Email/management@cabs.co.zw	
CABS 280	/19
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