

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM
The Manager

First Capital Bank Limited

SMN MUMU BRANCH

Customer to fill in blank spaces

Date 09/01/2020

Complete in Triplicate



Dear Sir/Madam

APPLICATION FOR ELECTRONIC TRANSFER

Kindly effect the following transfer via ZETSS;

Amount in figures (USD) \$1750.00

Value Date

Amount in words ONE THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS ONLY
APPLICANT'S DETAILS

Applicant's full name EMANUEL MATHE

ID Number 28-033393021

Nature of Business/Occupation LAND SURVEYING

Business Address 39 FFE ST

Account Denomination ZWL

Debit Account Number 14021P5

Branch 2307
BENEFICIARY'S DETAILS

NAME AND ADDRESS PROCUREMENT REGULATORY AUTHORITY OF ZIMBABWE

BENEFICIARY'S BANKERS CBZ

BRANCH KNAME MKUMAH

ACCOUNT NUMBER 01121064850030

REASON FOR PAYMENT

Purchase ☐

Investment ☐

Utility Bill ☐

Rent ☐

Other ☐

TRANSACTION DESCRIPTION BIDDER RENEWAL: S/L/002

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 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 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 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's 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 to reverse, block or suspend any unlawful transactions. I/We hereby indemnify First Capital Bank against any costs, claims, liability or losses whatsoever arising from this transaction or unlawful use of the RTGS system. First Capital Bank's 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

EMANUEL MATHE

Contact Numbers:

0772 318 438
FOR BANK USE ONLY
WALK IN CUSTOMERS

DATE: 09/01/2020 TIME: 09:10

NAME OF CUSTOMER/PRESENTER

EMANUEL MATHE

POSITIVE IDENTIFICATION NUMBER

28-033393021

NAME OF RECIEVER

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