



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

Complete in triplicate AOF 158/05/06
(In black ink)

The Manager
AFC COMMERCIAL BANK

Dear Sir/Madam

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Kindly effect the following funds transfer via RTGS (Real Time Gross Settlement)

AMOUNT IN FIGURES

US\$ 95 375

AMOUNT IN WORDS

Ninety five thousand three hundred and
Seventy five dollars.

ACCOUNT NAME

SITSHENGISIVE SIBANDA

ACCOUNT TO
BE DEBITED

1 0 0 0 0 7 2 3 0 4 0 5

VALUE
DATE

BENEFICIARY DETAILS

NAME AND ADDRESS: Allied Health Productions (Pvt) Ltd of Zimbabwe

CUSTOMER'S BANKERS:

CBZ bank

BRANCH:

Avondale Branch

ACCOUNT NUMBER

66161383840018

DETAILS OF PAYMENT

Nutritionist & Productivity Certificate
Renewal Fee for Sitshengisive Sibanda.

Applicant's Full Name

SITSHENGISIVE SIBANDA

Address

7090 NKETA

Phone No.

0782452383

I/we understand that payments made via the RTGS (Zimbabwe Electronic Transfer Settlement System) are irrevocable and I/we indemnify AFC against any losses arising as a result of this transaction.

I/we hereby acknowledge that the bank is not liable for errors, omissions or delays in transmissions arising from circumstances beyond its control.

THIS DOCUMENT DOES NOT SERVE AS PROOF OF PAYMENT.

Customer's signature(s) : (1)

Sibanda

(2)

BRANCH

FOR BANK USE ONLY

TREASURY BACK OFFICE

Received (Date & Time)

Customer's signatures Verified

Available Balance (specify currency and amount)

Authorized Signature 1

Received By

RTGS Processed By

RTGS Authorised By

Treasury

