

PROOF OF PAYMENT



Date

02 Nov 2022

MIPF House,
5 Central,
Harare

DEAR MARTIN WATCH

Thank you for transacting using our Internet/Mobile Banking Platform with respect to:

TRANSACTION:	RTGS
SOURCE ACCOUNT:	005204000021798
RECIPIENT NAME:	ALLIED HEALTH PRACTITIONERS COUNCIL
RECIPIENT BANK:	CBZ
RECIPIENT ACCOUNT NUMBER:	66161383840018
AMOUNT:	ZWL60,000.00
DATE:	02 Nov 2022
REFERENCE:	REGISTRATIONPAYMENT

ADDITIONAL NOTES

