

# APPLICATION FOR THE ELECTRONIC TRANSFER OF FUNDS THROUGH ZETSS (USD)

(To be completed in duplicate)

The Manager  
ZB Bank

Dear Sir/Madam

Date \_\_\_\_\_  
Submitted by \_\_\_\_\_  
ID No: \_\_\_\_\_  
Phone No \_\_\_\_\_  
Signature \_\_\_\_\_  
Signatory or on Indemnity (please indicate) \_\_\_\_\_

## Application for an Electronic Transfer: USD

Name of Client: FREDA REBECCA GOLD MINE

Account Number: 4 5 9 6 7 6 1 5 7 0 4 0 5

Would you please effect an electronic transfer on my/our behalf for the sum of \$ 301.00

Amount in words: THREE HUNDRED ONE DOLLARS

The Beneficiary's details are as follows:

- Account Name: ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE Phone No: 0242-303027
- Address: 20 WORCHESTER ROAD, EASTLEA HARARE
- Account Number: 66161383840028
- Bank CBZ Branch: AVONDALE
- Purpose: LICENSE RENEWAL

Kindly debit my/our account with the amount of the transfer and your charges. I/We acknowledge that payments made via the Zimbabwe Electronic Transfer Settlement System (ZETSS) through my/our application for Real Time Gross Settlement are irrevocable and irreversible and hereby indemnify ZB Bank, its Officers and employees against any losses or claims for damage arising from errors, delays, incorrect details or system related challenges beyond its control. I/We confirm that the details herein furnished are correct. I/We acknowledge and accept that a stamped copy of this form does not necessarily imply that funds have been transferred to the beneficiary account, but merely a receipt by the bank of the transfer request. The onus is upon the beneficiary to confirm with their bankers that the funds have been deposited before offering service. We confirm that the application form issued to me/us, under no circumstances should be passed on and by non-account holder/s

Yours faithfully,

Authorised Signatory

Authorised Signatory

### FOR BANK USE ONLY:

- Time received \_\_\_\_\_
- Received by 10/15/23
- Signatures verified Emadedo
- Authorised by \_\_\_\_\_
- Entries Passed \_\_\_\_\_
- Checked by \_\_\_\_\_

Date 31/03/23

Date \_\_\_\_\_

