



29 Sep 2022 13:17

CBZ Transfer

ZWL 29900

Reference Number

023FTMC222720511

Narration

Transaction Successful

TO

Beneficiary Name

Allied health practitioners
council

Account Number

61383840018

Done



1440
5-5

Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS

Date and Time :

2022-09-29 14:08:36 PM

Amount Deposited :

USD 14.00

Narrative :

LISA T MADORI

Teller Id and Ref :

89TKAHUNI

089CHDP222720520

USD	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
500 x	<input type="checkbox"/>
200 x	<input type="checkbox"/>
100 x	<input type="checkbox"/>
50 x	<input type="checkbox"/>
20 x	<input type="checkbox"/>
10 x	<input type="checkbox"/>
5 x	<input type="checkbox"/>
2 x	<input type="checkbox"/>
1 x	<input type="checkbox"/>
Other	<input type="checkbox"/>
Total	<input type="checkbox"/>

Customer Copy

133522.....confirm that the amount stated on this slip is the correct amount
I hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that
I reserve the right to reverse any transactions inconsistent with the amount stated herein.

Signature: _____

SHOT ON P15
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