



Dear CHIKEREMA HUGH MR

Thank you for transacting using the CBZ Touch Funds Transfer service in respect of:

Beneficiary Customer Name	ALLIED HEALTH PRACTIONERS COUNCIL O
Beneficiary Account Number	66161383840018
Amount	\$110417
Date	30-Mar-2023
Narration	Hugh Chikerema Nutritionist Renewal AN0099 ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 011FTMC230890024

Emailed  
For & on behalf of CBZ Bank

