

11/29/22, 12:37 PM

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# Confirmation of Cash Deposit

CASH DEPOSIT SLIP

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2022-11-29 12:37:39 PM

Amount Deposited :

USD 111.00

TELLER'S  
STAMP  
AND  
SIGNATURE

29 NOV 2022

Name :

Teller Id and Ref :

18TMANJEYA

018CHDP223330030

Cash Deposit - ISAAC RUFUHARURAMBWI A/AT4643

Customer Copy

TICK WHERE APPLICABLE

USD	ZAR	GBP	EURO	BWP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SPECIFY

500 x				
200 x				
100 x				
50 x				
20 x				
10 x	7	20		
5 x	6	20		
2 x				
1 x		11		
Other				
Total:	111			

printed by: DELMA 242-250478/83

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

Signature: