



Dear KASEKE NETSAI CAROLINE MRS

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	\$40000
Date	28-Mar-2023
Narration	CPCarolineNetsaiKaseke ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 668FTMC230870503

Emailed  
For & on behalf of CBZ Bank

