Your request has been completed successfully.

Transaction with reference number 367764497576414 is in Accepted state.

Payments to Other Bank Accounts - Confirm

03-02-2023 13:16:50 GMT +0000

My Statement Description: Allied Health Subs
Source Account: 11990139646 400 600008597

Beneficiary Details

Beneficiary Name: Allied Health Practitio Council Zim
Beneficiary Account: 66161383840028
Beneficiary Email: accounts@ahpcz.co.zw
Mobile No.:

Payment Details

Country: Zimbabwe
Transfer Currency: United States Dollar
Transfer Type: Low value
Transfer amount: 67.00
IMT Tax Waiver: No
Pay Now: 06-02-2023

Beneficiary Bank Details

Beneficiary Bank Code: 06103
Bank Name: CBZ BANK
Bank Address: J NYERERE
:
City: J NYERERE

Other Details

Beneficiary Statement A/AT3473
Description:
Template Access Type: