



Dear NYANHETE TAYLOR 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	66161383840028
Amount	\$55
Date	03-Feb-2023
Narration	Payment of renewal fees ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 030FTMC230340009

Emailed
For & on behalf of CBZ Bank

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