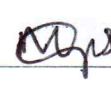
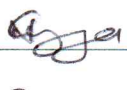


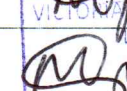
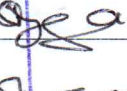

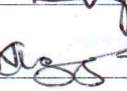
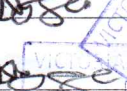


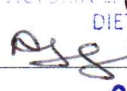


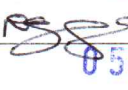




BALWIN CHIOZIKWE

Date	Category	Topic	Stamped/Signed by
02/01/22	3(a)	OFFERED LECTURES ON	   VICTORIA CHIITEPO PROVINCIAL HOSPITAL DIETETIC DEPARTMENT 21 JAN 2022 P.O. BOX 30, MUTARE ZIMBABWE
TO	3(a)	NUTRITION AND DIETETICS TO	
21/01/22	3(a) 10 POINTS	SCHOOL OF NURSING	
3/01/22	1(b)	PEER TO PEER	  VICTORIA CHIITEPO PROVINCIAL HOSPITAL DIETETIC DEPARTMENT 28 MAR 2022 P.O. BOX 30, MUTARE ZIMBABWE
TO	1(b)	SUPERVISION	
31/02/2022	5 POINTS	PROFESSIONAL MEETING WITH DIETITIANS	
28/03/22	2(c) 5 POINTS	QUALITY MEETING	   VICTORIA CHIITEPO PROVINCIAL HOSPITAL DIETETIC DEPARTMENT 17 MAY 2022 P.O. BOX 30, MUTARE ZIMBABWE
17/05/22	1(b) 1 POINT	GRAND ROUNDS	
28/03/22	2(d) 10 POINTS	FACILITATED ON NUTRITION WORKSHOPS	
17/05/22	3(b) 5 POINTS	CLINICAL WORK DIETARY COUNSELLING	  VICTORIA CHIITEPO PROVINCIAL HOSPITAL DIETETIC DEPARTMENT 07 JUL 2022 P.O. BOX 30, MUTARE ZIMBABWE
17/05/22	1(a) 5 POINTS	TRAINEE SUPERVISION	
17/05/22	3(b)	FACILITATED ON A WORKSHOP	
TO	10 POINTS	AT CATHOLIC UNIVERSITY ON	   VICTORIA CHIITEPO PROVINCIAL HOSPITAL DIETETIC DEPARTMENT 08 SEP 2022 P.O. BOX 30, MUTARE ZIMBABWE
7/07/22		COUNSELLING AND NUTRITION	
21/08/22	3(b)	ATTENDED A WORKSHOP IN CHINDA ON PFMS,	  VICTORIA CHIITEPO PROVINCIAL HOSPITAL DIETETIC DEPARTMENT 05 OCT 2022 P.O. BOX 30, MUTARE ZIMBABWE
TO	10 POINTS	DISPOSAL OF GOVERNMENT	
22/08/22		ASSETS ETC	
JAN 2022	7(b)	MEMBER OF HFSS ASSOCIATION	  VICTORIA CHIITEPO PROVINCIAL HOSPITAL DIETETIC DEPARTMENT 07 NOV 2022 P.O. BOX 30, MUTARE ZIMBABWE
TO	6 POINTS	AND ALLIED HEALTH PRACTITIONER	
DEC 2022		COUNCIL OF ZIMBABWE	

TOTAL = 72 POINTS

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM

FIRST CAPITAL BANK LIMITED
 RECEIVED
 27 MAR 2023
 ANSWERED
 BACK OFFICE
 MUTARE

Customer to fill in blank spaces
 Date: 27/03/2023
 Complete in Triplicate

The Manager
 First Capital Bank Limited
MUTARE BRANCH

Dear Sir/Madam

APPLICATION FOR ELECTRONIC TRANSFER Kindly effect the following transfer via ZETSS;

Amount in figures (ZWL) \$70 000,00 Value Date _____
 Amount in words SEVENTY THOUSAND DOLLARS ONLY

APPLICANT'S DETAILS
 Applicant's full name BALOWA CHIROZIKWE ID Number 75245654275
 Nature of Business/Occupation H/SS
 Business Address 7991 CHIKANGA HARLEM MUTARE
 Account Denomination RTGS
 Debit Account Number 25131022433 Branch MUTARE

BENEFICIARY'S DETAILS
 NAME AND ADDRESS ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE
 BENEFICIARY'S BANKERS CBZ
 BRANCH AVONDALE ACCOUNT NUMBER 66161383340018

REASON FOR PAYMENT Purchase ☐ Investment ☐ Utility Bill ☐ Rent ☐ Other ☒

TRANSACTION DESCRIPTION RENEWAL FEE 2023 BALOWA CHIROZIKWE A/H/SS0354

For Zimra Payments Please provide the following:
 Tax Obligation _____ Business Partner No _____
 Area Office Code _____

I/We do hereby represent and declare to First Capital Bank Limited that the above information is true and accurate in every respect. I/We undertake to retain the supporting documents and invoices for this transaction and to provide same to First Capital Bank Limited on request. I/We further understand that payments made via the ZETSS are final and irrevocable and may not be reversed or set aside for any reason whatsoever. I/We hereby acknowledge that First Capital Bank Limited is not liable for any direct or indirect damages whatsoever and howsoever arising or errors, omissions or delays in transmission attributable to me/ us or arising from circumstances beyond First Capital Bank Limited' control. I/We understand that it is an offence to use the ZETSS to undertake or facilitate money laundering or unlawful transactions. I/We irrevocably authorise First Capital Bank Limited to reverse, block or suspend any unlawful transactions. I/We hereby indemnify First Capital Bank Limited against any costs, claims, liability or losses whatsoever arising from this transaction or unlawful use of the RTGS system. First Capital Bank Limited' liability in the event of any proven claim is limited to and may not exceed interest on the transaction amount. I/We acknowledge that no RTGS instruction shall be deemed to have been accepted by the bank for any purpose until my/ our account with details provided above has been duly debited with the amount of the RTGS instruction.

Authorised Signatories [Signature]
 FULL NAMES BALOWA CHIROZIKWE
 Contact Numbers: 0773001569

FOR BANK USE ONLY

WALK IN CUSTOMERS
 DATE: 27/3/23 TIME 0820
 NAME OF CUSTOMER/PRESENTER B Chirozikwe
 POSITIVE IDENTIFICATION NUMBER 75-345654275
 NAME OF RECEIVER C. Chirozikwe
 SIGNATURE [Signature]

BACK OFFICE
 CAPTURED BY _____
 ENTRIES PASSED BY _____

CALL BACK CONFIRMATION
 CONFIRMED BETWEEN _____
 COMPANY OFFICIAL NAME _____
 BANK OFFICIAL NAME _____
 TEL/CEL No PHONED _____
 DATE PHONED _____
 TIME PHONED _____
 AUTHORISED BY _____
 CONFIRMED BY _____

AUTHORISED SIGNATORIES