



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2023-03-21 13:40:14 PM

Amount Deposited :

USD 201.00

Teller Id and Ref :

12VMUDADI

012CHDP230800567



Customer Copy

I, MANDLENKOSI COLLEN MTHETHWA 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 transaction inconsistent with the amount stated herein.

Signature: [Signature]

TICK WHERE APPLICABLE

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

OTHER SPECIFY

500 x			
200 x			
100 x			
50 x			
20 x	10	200	08
10 x			
5 x			
2 x			
1 x			
Other			
Total:	USD 201.00		

MUTBELL PRINTERS