

APPLICATION FOR THE ELECTRONIC TRANSFER OF FUNDS THROUGH ZETSS (RTGS)

(To be completed in duplicate)

The Manager
ZB Bank

Dear Sir/Madam

Date: 27-01-23
Submitted by: BRAZIO BUMHUNDZA
ID No: 75-175778B13
Phone No: 0772587736
Signature: [Signature]
Signatory or on Indemnity (please indicate)

Application for an Electronic Transfer: RTGS

Name of Client: BRAZIO BUMHUNDZA
Account Number: 4532-458319-405

Would you please effect an electronic transfer on my/our behalf for the sum of \$ 67-00 USD
Amount in words SIXTY SEVEN DOLLARS ONLY

The Beneficiary's details are as follows:

• Account Name: ALLIED HEALTH PRACTITIONERS COUNCIL Phone No: 0771832846
• Address: AVONDALE HARARE
Account Number: 66161383840028
Bank: CBS Branch: AVONDALE
• Purpose: RENEWAL OF PRACTISING CERTIFICATE (A/EMT 0219)

Kindly debit my/our account with the amount of the transfer and your charges. I/We acknowledge that payments made via the Zimbabwe Electronic Transfer Settlement System (ZETSS) through my/our application for Real Time Gross Settlement are irrevocable and irreversible and hereby indemnify ZB Bank, its Officers and employees against any losses or claims for damage arising from errors, delays, incorrect details or system related challenges beyond its control. I/We confirm that the details herein furnished are correct. I/We acknowledge and accept that a stamped copy of this form does not necessarily imply that funds have been transferred to the beneficiary account, but merely a receipt by the bank of the transfer request. The onus is upon the beneficiary to confirm with their bankers that the funds have been deposited before offering service. We confirm that the application form issued to me/us under no circumstances should be passed on and by non-account holder/s.

Yours faithfully,

[Signature]
Authorised Signatory

[Signature]
Authorised Signatory

FOR BANK USE ONLY:

1. Time received 1309
2. Received by mmadivane
3. Signatures verified [Signature]
4. Authorised by _____
5. Entries Passed _____
6. Checked by _____

Date: 27/01/23

Date: _____