
PROOF OF PAYMENT

BIG DIAGNOSTICS T/A AVENUES CLINIC

Payment Type : Domestic Transfer - RTGS

Date Processed : 2023-02-14

Time Processed : 23:47:16

Reference Number : 000004869432

Transaction Status : Processed

Payment From : XXXXXXXX9222

Amount : ZWL1,210,662.00

Beneficiary Details

Account Number : 8700209676900

Name : ALLIED HEALTH PRACTITIONERS COUNCIL OF
ZIMBABWE

Bank Name : STANDARD CHARTERED BANK ZIMBABWE

Branch Name : 140

Beneficiary Reference : LECHLADE ALLIED HEALTH REGISTRATIONS 2023

DISCLAIMER

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