

12/13/22, 11:07 AM

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TICK WHERE APPLICABLE

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

OTHER SPECIFY

Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66151383540028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2022-12-13 11:07:02 AM

Amount Deposited :

USD 46.00

Narrative :

Cash Deposit - C CHIWARE EMT 0109

Teller Id and Ref :

18TMANJEYA

018CHDP223470042

500 x				
200 x				
100 x				
50 x				
20 x				
10 x				
5 x	1		5	
2 x			1	
1 x	1		1	
Other				
Total:			46	



Customer Copy

I 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 transactions inconsistent with the amount stated herein.

Signature: _____

CREOLA CHINWARE RGN/EMT
EMT 0109

[illegible]