



NAME: MLAMUZI SAKHUMUZI D.

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POSTAL ADDRESS: AS ABOVE

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ID NUMBER: 08-945377619

PROFESSION: Ambulance Tech REG NO: A/AT3810

PRACTICE NUMBER: AMP22958 EXPIRY DATE: ~~1/1/2010~~

SIGNATURE:

DATE 12/10/18

Your bill payment to ALLIED
HEALTH PRACTITIONERS
COUNCIL(36143)
of ZWL66000 to
ATSAKHUMUZIDMLAWUZI
was successful. TxnID
BP230307.1000.F58343.
Wallet balance ZW