

3/16/2023



## Confirmation of Cash Deposit

### CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS

Date and Time :

2023-03-16 13:50:42 PM

Amount deposited :

USD 67.00

Narrative :

AA/AT3356 AMBULANCE TECHNICIAN RENEWAL PRACTICE

Teller Id and Ref

104CMUSEKA

104CHDP230750512

TELLERS  
STAMP  
AND INITIALS

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 transaction inconsistent with the amount stated herein.

Signature: \_\_\_\_\_

TICK WHERE APPLICABLE

☐ USD ☐ ZAR ☐ GBP ☐ EURO ☐ BWP

OTHER SPECIFY \_\_\_\_\_

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

MUTBELL PRINTERS