

SUBMISSION OF AMBULANCE TECHNICIAN REGISTRATION DOCUMENTS.

Nomathemba Moyo <nomathembamoyo225@gmail.com>

Mon 10/3/2022 6:14 PM

To: Registrations AHPCZ <registrations@ahpcz.co.zw>

Dear Sir/ Madam

I have made my registration payment.

Bill payment to ALLIED HEALTH PRACTITIONERS COUNCIL(36143) of ZWL56811 to 36143 was successful. TxnID BP221003.1747.G32798.

And also, please find attached.