



NAME: SISA NDLOVU
PHYSICAL ADDRESS: 70699 LOBENGULA WEST
POSTAL ADDRESS: 70699 LOBENGULA WEST
P.O. BOX MAGWEGWE
BULAWAYO, ZIMBABWE

TEL: (HOME) 0778383483 (CELL) 0778383483

(WORK)

ID NUMBER: 08-944002Q28

PROFESSION: AMBULANCE TECHNICIAN

REG NO: A/AT4002

PRACTICE NUMBER:

EXPIRY DATE:

SIGNATURE: Sisa

DATE:

CPD/CME TRACKING



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name

Date and Time

Amount Deposited

65161353540029

2023-02-20 12:29:43 PM

USD 67.00

ALLIED HEALTH PRACTITIONERS

Refer to and Ref

AAAT4002 SISA NDLOVU - CERTIFICATE RENEWAL

12FGJMB0

012CHDP230511040

Customer Copy

I, SISA NDLOVU

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: Sisa Ndlovu

TICK WHERE APPLICABLE

USD ☒ ZAR ☐ GBP ☐ EURO ☐ BWP ☐

OTHER SPECIFY

500 x			
200 x			
100 x			
20 x	2		
10 x		50	
5 x			5
2 x			
1 x	2		2
Other			
Total:			67

MATHELL PRINTERS