



Serial No. 090649

Form A. Application to Purchase or Transfer Foreign Exchange

Customer Copy

Please complete in block capitals. Use one set of forms for each transaction.	
Date (dd/mm/yyyy) : 23/07/22	
Application for foreign transfer	
Applicant Name: HAPWA MASHINGAIDZE Physical address: P.O.T. 26551, EXG, SABERONA, BOTSWANA Nature of business: Registration no.: Country of residence: Country of incorporation: Branch no.: Account no.: Date of Birth: 20/JULY/1981 Nationality: ZIMBABWEAN ID no / Passport: FN786 FBT Beneficiary Details Name: ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE Physical address: 20 WORCESTER ROAD, EASTICA, HARARE, ZIMBABWE N/A ZIMBABWE Date of birth: N/A ID no / Passport: N/A Country: ZIMBABWE Account no: 66161383840028 IBAN no:	
Instructions and conditions of transfer 1. Please transmit this instruction at my risk and cost in cypher or otherwise, it being understood that, at your discretion you may use telex system or other telegraph service of any country or any other recognized transference system. 2. I release and indemnify you or your correspondents from and against the consequences of their failure to receive the message the message and of any irregularity, delay, mistake, telegraphic error, omission or misinterpretation that may arise from and against any loss that may be incurred through the correspondent retaining these funds for whatever reasons. It is understood and agreed that all risks (including exchange risk) arising out of, or consequent upon, the issue of this transfer are to be borne by me alone. 3. I declare that the information given above is true to the best of knowledge and belief. 4. I also declare that the funds involved are not the proceeds of illegal transactions. 5. In order to make this payment, the details of the payment(including information relating to those involved in the payment) may be sent to entities outside the Republic of Botswana, including, but not limited to overseas regulators and authorities in connection with their legitimate duties(e.g. the prevention of crime). By completing this form, you agree to this. All transactions shall be subject a sanction screening process prior to processing. The Bank accepts no responsibility for any losses or damage caused by resultant delays or failure to process transactions.	
Customer signature/instructions: [Signature]	
For payment at/beneficiary bank (customer to complete)	
Bank name: COMMERCIAL BANK OF ZIMBABWE Branch: AVONDALE Bank code /IFSC for INR: 661 Payments: COBZZWHA Swift code: HARARE City: ZIMBABWE Country: Zimbabwe Intermediary Bank and Country:	
Details of beneficiary charges	
Our Remitter [Pays both applicant and beneficiary bank charges] Share/Beneficiary [Remitter pays applicant charges] [Beneficiary pays destination bank charges] Travelers Cheques	
Stamp: 25 JUL 2022	
Foreign amount: 292.00 US\$ Rate: 0.0731 Total payable: 21.37 Commission: 14.01 Postage: 9.63 Telex: 68.40 VAT: 100.09 Other charges: Clerk: 3979.92 Signatory reference: TDPW00420622099 Purpose of payment: FOR ASSESSMENT PRACITISNS LICENSE FOR APPLIA MASHINGAIDZE RES NY AR 0246	
Transaction code: See reverse	
Remittance information	
Value date confirmed / covered	
Signature	