

Beneficiary ~~name~~: **ALLIED HEALTH PRACTICE**  
Source account: **4575486039200**  
Amount: **ZWL 76,890.39**  
Value date: **2023-01-25**  
Payment reference: **RENEWAL FEES**  
Name of destination Bank: **00005 STANDARD CHARTERED BANK ZIMBABWE LI**  
Beneficiary Bank Account number: **66161383840018**  
Signed by: **NTOMBIZODWA, CLIFFORD**

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