

1/24/23, 3:13 PM

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Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2023-01-24 15:13:55 PM

Amount Deposited :

USD 110.00

Narrative :

Cash Deposit DR M M MACHINGA RENEWAL

Teller Id and Ref :

13CMANGWIRO

013CHDP230240567

TELLER'S
STAMP
AND
SIGNATURE

Customer Copy

TICK WHERE APPLICABLE

☐ USD☒ ZAR☐ GBP☐ EURO☐ BWP

OTHER SPECIFY

500 x			
200 x			
100 x			
50 x			
20 x	5	100	
10 x	1	10	
5 x			
2 x			
1 x			
Other			
Total:	110		

printed by: DELMA 242-250478/83

I, ELIJAH NYAMAHUSU 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 transactions inconsistent with the amount stated herein.

Signature: [Signature]