

9/6/22, 8:05 AM

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TICK WHERE APPLICABLE

USD	ZAR	GBP	EURO	BWP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SPECIFY

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

Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name : 66161383840028 ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE
Date and Time : 2022-09-06 08:06:44 AM
Amount Deposited : USD 239.00
Narrative : SIMBARASHE CHIRIDZA A-R0533
Teller Id and Ref : 29KCHISUNGA 029CHDP222490002

Customer Copy



I VITUSANI VICTOR MUEWA 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]