



Dear TIMBIRA ISHEUNESU MR

Thank you for transacting using the CBZ Touch Funds Transfer service in respect of:

Beneficiary Customer Name	ALLIED HEALTH PRACTITIONERS COUNCIL O
Beneficiary Account Number	66161383840018
Amount	\$101806
Date	15-Feb-2023
Narration	Renewal fees ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 028FTMC230460017

Emailed
For & on behalf of CBZ Bank

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