



Dear WEKWETE BENHILDA MRS

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

Beneficiary Customer Name	ALLIED HEALTH PRACTIONERS COUNCIL O
Beneficiary Account Number	66161383840018
Amount	\$27250
Date	22-Mar-2023
Narration	BenhildaWekweteRegistrationRenewal ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 018FTMC230811004

Emailed
For & on behalf of CBZ Bank

