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## PROOF OF PAYMENT

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**CAROL BATSIRAI MAHACHI**

**Payment Type** : Domestic Transfer - RTGS

**Date Processed** : 2023-03-27

**Time Processed** : 07:50:01

**Reference Number** : 000005001595

**Transaction Status** : Processed

**Payment From** : XXXXXXXX8081

**Amount** : ZWL99,755.71

**Beneficiary Details**

**Account Number** : 0100209676900

**Name** : ALLIED HEALTH

**Bank Name** : STANDARD CHARTERED BANK ZIMBABWE

**Beneficiary Reference** : A/N0057 Nutrition Mahachi

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### DISCLAIMER

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