



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2023-01-23 12:12:33 PM

Amount Deposited :

USD 173.00

Narrative :

Cash Deposit CAROL LWANDILE MOYO INTERNSHIP FOR AMBULANCE TECHNICIAN

Teller's Initials and Ref :

12BTSBABALA

012CHDP230230065

TELLER'S
STAMP
AND
SIGNATURE

8TH AVENUE BUILDING
GARDEN ROAD
HARARE

TICK WHERE APPLICABLE

USD

ZAR

GBP

EURO

OTHER SPECIFY

500 x			
200 x			
100 x		100	
50 x			
20 x		60	
10 x		10	
5 x			
2 x			
1 x		3	
Other			
Total:	150	173	

I 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: Rayner