

11/15/22, 10:36 AM

about:blank



TICK WHERE APPLICABLE

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

Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2022-11-15 10:38:45 AM

Amount Deposited :

USD 111.00

Narrative

Cash Deposit CERTIFICATE RENEWAL KUDAKWASHE B MURANDU

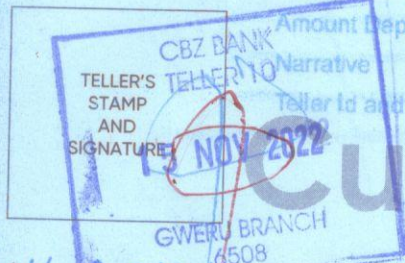
Teller Id and Ref :

18SMABINDU

018CHDP223190536

OTHER SPECIFY

500 x			
200 x			
100 x			
50 x			
20 x			
10 x			
5 x			
2 x			
1 x			
Other	111		
Total:	111		



I, KUDAKWASHE B MURANDU 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: