

AT Fee proof of payment and Cpd points

Thulani Shamuti <tshamuti@gmail.com>

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To: Registrations AHPCZ <registrations@ahpcz.co.zw>;Accounts AHPCZ <accounts@ahpcz.co.zw>

Good day .

Kindly find attached cpd points booklet for your reference and proof of payment.

Your bill payment to ALLIED HEALTH PRACTITIONERS COUNCIL(36143) of ZWL58826 to ATTHULANIALLENSHAMUTI was successful. TxnID BP230204.1005.G03001.