

Change

cbz Bank

Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name : 66161383840028 ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time : 2023-01-11 12:16:43 PM

Amount Deposited : USD 173.00

Narrative : 08-958157-B-08 CASH DEPOSIT

Teller Id and Ref : 12WMAFPUMO 012CHDP230110103

Customer Copy

078 426 4413

I, THANDWE MNCUBE 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: Thandwe Mncube

TICK WHERE APPLICABLE

☒ USD
 ☐ ZAR
 ☐ GBP
 ☐ EURO
 ☐ BWP

OTHER SPECIFY _____

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

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