



Dear MAGADLELA LUKHOSAZANA MISS

Thank you for transacting using the CBZ Touch Funds Transfer service in respect of:

Beneficiary Customer Name	ALLIED HEALTH PRACTIONERS COUNCIL O
Beneficiary Account Number	66161383840018
Amount	\$33300
Date	29-Jul-2022
Narration	HPOLUKHOSAZANAMAGADLELA ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 012FTMC222100511

Emailed
For & on behalf of CBZ Bank

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