



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

ACCOUNT TO AND NAME

66161383040028

ALLIED HEALTH PRACTITIONERS

DATE AND TIME

2022-12-14 11:00:42 AM

AMOUNT DEPOSITED

USD 48.00

Cash Deposit TFAADZWA MUNEMO AVAT 2173

12BTSHABALA

012CHDP223480046

TELLER'S
STAMP
AND INITIALS

TELLER ID AND REF

Bank Copy

0771143 252

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 transaction inconsistent with the amount stated herein.

Signature:

ER

TICK WHERE APPLICABLE

☐ USD ☐ ZAR ☐ GBP ☐ EURO ☐ SWP

OTHER SPECIFY

500 x					
200 x					
50 x					
20 x					
10 x					
5 x					
2 x					
1 x					
Other					
Total:	USD 48.00				

PRACTITIONERS COUNCIL OF ZIMBABWE

PRACTISING CERTIFICATE RENEWAL FORM - YEAR 2022

PLEASE NOTE: THIS INFORMATION WILL BE USED FOR THE DIGITAL PLATFORM WE ARE INTRODUCING IN THE FUTURE. KINDLY ENSURE ACCURACY (ESPECIALLY ON NAME, REGISTRATION NUMBER AND ID NUMBER) AND FILL IN ALL SECTIONS

1. BASIC INFORMATION

Full Name - as on ID (Start with surname)	MUNE MO TAFADZWA
Profession	AMBULANCE TECHNICIAN
AHPCZ Registration Number	AT 2173
Phone Number	+263 773 868 745
Email Address	tajadzwaemunemo@gmail.com
ID - Number	29-210935Q18
Date of Birth	10 JANUARY 1983

2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your registration Certificate

a. Main Register	<input checked="" type="checkbox"/>
b. Internship	<input type="checkbox"/>
c. Provisional	<input type="checkbox"/>

1. PRACTISING STATUS (TICK WHERE APPLICABLE)

a. Practising in Zimbabwe	<input checked="" type="checkbox"/>
b. Practising Out of Zimbabwe	<input type="checkbox"/>
i. Maintenance only	<input type="checkbox"/>
ii. Requires Practising Certificate	<input type="checkbox"/>
c. Not Practicing	<input type="checkbox"/>
i. Maintenance Only	<input type="checkbox"/>
ii. Requires Practising Certificate (Pays Standard Fee)	<input type="checkbox"/>

CPD POINTS ATTAINED (for selected professions)

50

PAYMENT DETAILS

a. Amount Paid and Code of payment	\$46-00 USD
b. Date of Payment	14/12/22
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	CBZ NOSTRO

12/12/2022

SIGNATURE

Mune Mo

Kindly save the document in your name eg. 'Mateka Telmore Radiographer Renewal 2021'

	Category	Topic	Stamped/Signed by
3/09/22	8	Cardiovascular system	Derean
21/8/22	8	CPR	Alcann
9/9/22	3	BLS	Alcann
10/10/22	7	Oxygen therapy	Alcann
8/12/22	10	AT EXAMINATION	Alcann
9/12/22	10	AT EXAMINATION	Alcann