

3/31/23, 10:34 AM

about:blank



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

661513838/10026

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Amount Deposited :

2023-03-31 10:34:50 AM

Amount Deposited :

USD 109.00

Narrative :

Cash Deposit - A/D307806 D LINDSAY

Teller Id and Ref :

29GMAPURANGA 029CHDP230900519

CBZ BANK LIMITED

31 MAR 2023

TELLERS
BANK TELLER
BORROWDALE BRANCH
6176

Bank Copy

0712 800516

I, D.E. Lindsay, 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:

TICK WHERE APPLICABLE

USD ☐

ZAR ☐

GBP ☐

EURO ☐

BWP ☐

OTHER SPECIFY

500 x			
200 x			
100 x	1	10	
50 x			
20 x			
10 x	1	10	
5 x			
2 x			
1 x	1	10	
Other			
Total:	44	109	

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