

20
10-10
20-80
90
0-87



TICK WHERE APPLICABLE

USD	ZAR	GBP	EURO	BWP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SPECIFY

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

Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name : 6661383840028 ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time : 2022-11-17 14:00:12 PM

Amount Deposited : USD87.00

Narrative : PETER CHUMA REGISTRATION

Teller Id and Ref : 104EMABIKA 104CHDP223210513

TELLER'S
STAMP
AND
SIGNATURE

Customer Copy

I, PETER CHUMA 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: [Signature]

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