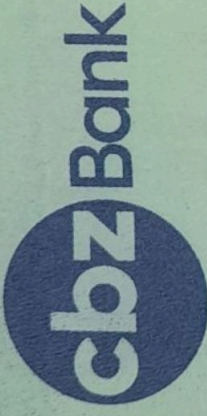


23, 12:58 PM

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Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS

Date and Time :

2023-03-02 12:57:54 PM

Amount Deposited :

USD 67,00

Narrative

Cash Deposit RENEWAL FEES FOR NYASHANU TICHAYENZANA

CBZ BANK
CLEARING

TELLERS
STAMP
INITIALS

02 MAR 2023

Bank Copy

NYASHANU TICHAYENZANA 0275371313

MASVINGO BRANCH

confirm that the amount stated on this slip is the correct amount and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that I shall reserve the right to reverse any transaction inconsistent with the amount stated herein.

Signature:

[Signature]

TICK WHERE APPLICABLE
USD ☒ ZAR ☐ GBP ☐ EURO ☐ BWP ☐

OTHER SPECIFY

500 x			
200 x			
100 x			
50 x			UNCIL OF ZIMBABWE
20 x	1	20	00
10 x	4	40	00
5 x		5	00
2 x			
1 x	2	2	00
Other			
Total:		67,00	

MUTBELL PRINTERS