



Being payment for renewal of practice fees for Isaac Kanyelamalo; Registration number A/H11M0051
10 NE 05-0571A05
Internal Funds Transfer

Partners For Success

The Manager, Biruveta

Branch

Date 16 01 23

Please effect the following transfer and debit my/our account.

Account Number

66260067000030

Applicant's Details

Account name Isaac Kanyelamalo

Account Number

Beneficiary's Details
Account name Allied Health Practitioners Council of Zimbabwe

66161383840028

Amount \$

67 00

Amount in Words

Sixty Seven Dollars only

CUSTOMER CONSULTANT

I/We hereby:

- Confirm that the details herein furnished are true and correct.
- Acknowledge and accept that a stamped copy of this form does not imply that the funds have been transferred to the beneficiary account, but is merely an acknowledgement of receipt of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may not be actioned in the event of insufficiency of funds or other restrictions being placed on the account.
- The onus is upon me/us to confirm with the beneficiary that the funds have been received.
- Indemnify CBZ Bank, its officers, agents and employees against any losses or claims arising from errors, delays, incorrect details or system-related challenges beyond its control or any other acts or circumstances constituting force majeure affecting the processing of the funds transfer in any way.

Customer's Signature Thangane

Customer's Signature

Signature Verified By:

Bank Use Only

Available Balance:

Identification:
(ID/Passport/Driver's Licence)

Book Balance:

Book Balance:

Confirming Persons:

Authorised By:

(Where a customer sends third party)