

CBZ BANK
TELLER 2

TELLER'S
STAMP
AND
SIGNATURE
8127
VENUE BULAWANO
6302

JAN 2023

CASH DEPOSIT ADVCE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2023-01-20 12:46:01 PM

Amount Deposited :

USD 67.00

Teller Id and Ref :

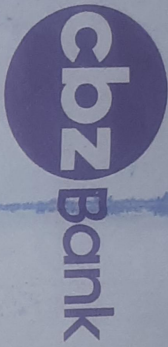
12FGUMBO

012CHDP230200568

PRISCILLA ANDLOVU - RENEWAL FEE AMBULANCE TECHNICIAN

Customer Copy

Confirmation of Cash Deposit



USD

ZAR

GBP

EURO

BWP

TICK WHERE APPLICABLE

☒☐☐☐☐

OTHER SPECIFY

| | | | | | |
|--------|---|----|----|--|--|
| 500 x | | | | | |
| 200 x | | | | | |
| 100 x | | | | | |
| 20 x | 3 | | 60 | | |
| 10 x | 1 | | 10 | | |
| 2 x | | | | | |
| 1 x | | | | | |
| Other | | | | | |
| Total: | | 63 | | | |

ELIG HT PH 1 confirm that the amount stated on this slip is the correct amount
sited and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that
bank shall reserve the right to reverse any transactions inconsistent with the amount stated herein.

Signature:

Ph

Change 43