

0771 451 972



Confirmation of Cash Deposit

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	1	100		
50 x				
20 x				
10 x				
5 x				
2 x				
1 x				
Other				
Total:	90			

Pearl Stationery Manufacturers

CASH DEPOSIT ADVICE

Account no and Name : 66161383840028 ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE
Date and Time : 2023-03-06 11:24:43 AM
Amount Deposited : USD 90.00
Narrative : Cash Deposit-JAMES DAVID
Teller Id and Ref : 41NSHOKO 014CHDP230650536

Bank Copy



JAMES T. DAVID

I, JAMES T. DAVID 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: