

ZETSS Application Form

(Zimbabwe Electronic Transfer and Settlement System)

(To be completed in Duplicate)

Serial No **0003990**

The Manager

BancABC

Date 25/01/23

Dear Sir/ Madam

Application for an Electronic Transfer: RTGS

Currency	USD
Amount	\$ 67.00
Amount in words	Sixty Seven Dollars only
Value Date	25/01/23

BENEFICIARY DETAILS


Name Of Beneficiary	ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE
Beneficiary's Bank	CBZ
Branch	AVONDALE
Account Number	66161383840028
Payment Details	PRACTISING RENEWAL A/EMT0404

Applicants Name : KENNETH DU PLOOY

Address : 87 ULLSWATER DRIVE MORNINGSIDO BULAWAYO

Account No: 41968954333010

Instruction Presented By: KENNETH DU PLOOY

Name of Presenter	Signature of presenter
KENNETH DU PLOOY	
ID Number	Telephone /Cellphone Number /Address
19-028866 2 00	87 ULLSWATER DRIVE MORNINGSIDO, B90-0776110098 / 0772728343

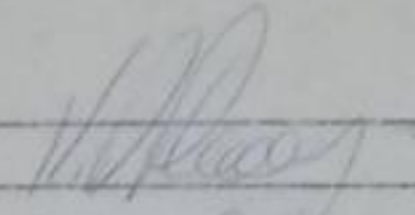
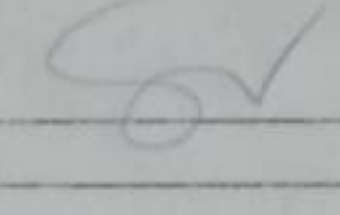
Important Notice

- Please note that instructions received by the Branch after cut off time of 1130hrs will be processed the next business day. A stamped copy of this instruction is an acknowledgement by the Bank that the transfer will be effected at its discretion, and that this instruction is irrevocable. The cutoff time may vary from time to time at the Bank's discretion
- Please note that the date stamp on the customer copy is only an acknowledgement of receipt and does not guarantee that the transfer will be effected since all conditions stipulated on this form must be met first before the transfer is made.

Declaration

Kindly debit my/our account with the amount of the transfer and your charges.

Whilst I/We have requested the Bank to undertake the above transactions, I/We indemnify the Bank against delayed processing due to funds not being timeously credited by thereceiving bank, inability to process due to inadequate cleared funds, incorrect or insufficient details and other circumstances beyond its control.

Authorised Signatory 	Authorised Signatory 
ID Number : <u>19-028866200</u>	ID Number : _____

FOR BANK OFFICIALS USE ONLY

Time received: <u>11:36 AM</u>	Date <u>25/1/2023</u>
Received By: <u>PNM</u>	
Signature Verified: <u>Rh</u>	
Authorised By: _____	
Entries Passed By: _____	Date _____
Checked By: _____	
FCC Reference No: _____	

Cleared Balance in Account
Currency:

Bank Stamp and Initials
