



Dear MASHINGAIDZE FADZAI MARTHA MISS

Thank you for transacting using the CBZ Touch Funds Transfer service in respect of:

Beneficiary Customer Name	ALLIED HEALTH PRACTIONERS COUNCIL O
Beneficiary Account Number	66161383840018
Amount	\$108455
Date	16-Mar-2023
Narration	Fadzai Martha Mashingaidze AR0795 ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 011FTMC230750081

Emailed
For & on behalf of CBZ Bank

