



Dear ZIHOVE TAWANDA

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

Beneficiary Customer Name ALLIED HEALTH PRACTITIONERS COUNCIL O

Beneficiary Account Number 66161383840018

Amount \$110000

Date 21-Dec-2022

Narration

Alexio Musoro renewal license ALLIED
HEALTH PRACTITIONERS COUNCIL OF
ZIMBABWE CBZ BANK REF
011FTMC223550558

Emailed
For & on behalf of CBZ Bank

