



Dear CHEVURE NUMBERS MR

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	practising license ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 644FTMC230750502

Emailed
For & on behalf of CBZ Bank

