

Date	CPD Category	Description	Stamp & Signature
29/09/22	4	Bereavement counselling in the context of the pandemic.	Ph. (Z.I.S.T.) CONNECT 6238 HARARE PO BOX 6238 HARARE TEL 141719741726 FAX 141779
	8	Debriefing	Ph. (Z.I.S.T.) CONNECT 6238 HARARE PO BOX 6238 HARARE TEL 141719741726 FAX 141779
04/10/22	2	Mental Health at work	Ph. (Z.I.S.T.) CONNECT 6238 HARARE PO BOX 6238 HARARE TEL 141719741726 FAX 141779
27/10/22	4	Debriefing	Ph. (Z.I.S.T.) CONNECT 6238 HARARE PO BOX 6238 HARARE TEL 141719741726 FAX 141779
	8	Effects of suicide to the living (Survivors)	Ph. (Z.I.S.T.) CONNECT 6238 HARARE PO BOX 6238 HARARE TEL 141719741726 FAX 141779
04/11/22	2B	Marriage Act	Ph. (Z.I.S.T.) CONNECT 6238 HARARE PO BOX 6238 HARARE TEL 141719741726 FAX 141779

66 3/8/23 1:48 PM 3835340028



USD ☒ ZAR ☐ GBP ☐ EURO ☐ BWP ☐

500 x			
200 x			
100 x			
50 x			
20 x	6	60	
10 x	1	10	
5 x			
2 x			
1 x			
Other			
Total:		76	

Confirmation of Cash Deposit

Account no and Name :	66161383840028	ALLIED HEALTH PRA
Date and Time :	2023-03-06 13:48:33 PM	
Amount Deposited :	USD 67.00	
Narrative :	MAKANAKA J S DZIMIRI REF 0239	
Teller Id and Ref :	661PCHIKONYO	661CHDP230650521

..... 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.