





Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name : 66161383840028 ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time : 2023-01-24 11:43:04 AM

Amount Deposited : USD 173.00

Teller's Signature : [Signature]

Teller Id and Ref : 128TSHABALA 012CHDP230240020



Customer Copy

TICK WHERE APPLICABLE
USD ☒ ZAR ☐ GBP ☐ EURO ☐ BWP ☐

OTHER SPECIFY

500 x		
200 x		
100 x		
50 x		
20 x	160	
10 x	10	
5 x	5	
1 x		
Other		
Total:	USD 173	2992

MUTBELL PRINTERS

I 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.

Signature: [Signature]