



Dear ZHUWARARA BARBARA MECK MRS

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	\$99735
Date	18-Mar-2023
Narration	Renewal of practicing certificate ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 026FTMC230770509

Emailed  
For & on behalf of CBZ Bank

