



Dear RABSON CLEMENCE 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	\$48680.79
Date	21-Jan-2023
Narration	Renewal practice certificate HIM ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 025FTMC230210022

Emailed
For & on behalf of CBZ Bank

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