



Dear FILIPPA OLGA MADDALENA DR

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	66161383840028
Amount	\$109
Date	23-Jan-2023
Narration	Olga Filippa Nel ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 011FTMC230231066

Emailed  
For & on behalf of CBZ Bank

.