



## Confirmation of Cash Deposit

### CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS

Date and Time :

2022-12-20 12:04:19 PM

Amount Deposited :

USD 75.00

Narrative :

CHRISPEN MADONDO A/ PSY0498

Teller Id and Ref :

33AMAK03A

033CHDP223540100



0774483914

# Customer Copy

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 transactions inconsistent with the amount stated herein.

Signature:

*Madondo*

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

OTHER SPECIFY

500 x					
200 x					
100 x					
50 x					
20 x					
10 x					
5 x					
2 x					
1 x					
Other					
Total:	95				