

Payment instruction - Detailed report
Batch details

Batch id	Date & time created	Payment type
53184425	09/12/2022 10:18:21 AM CAT	ZIMBABWE ORTHOPAEDIC TRUST
No. of instructions	Customer batch reference	Submission mechanism
1		Online capture
Last modified date	Amount	Currency
09/12/2022	94.00	USD
Date & Time submitted	Date & Time accepted	Status
09/12/2022 01:14:58 PM CAT	09/12/2022 01:14:58 PM CAT	Fully Processed

Instruction details

Instruction id.	Value date	Status
57313149	09/12/2022	Delivered for Processing
No. of transactions	Service level	Authoriser
1	Urgent	[JONATHAN PETER SIMPSON, JORUM MUGARI]
Credit amount	Charges paid by	Submission mechanism
94.00 (USD)	OUR	Online capture
Funding option		
Available funds		

Pay from

Account number	Account name	Account type
9140001346252	ZIMBABWE ORTHOPAEDIC TRUST NOSTRO FCA	OD005-Business Banking Current Account
Debit amount	Total transfer amount	
94.00 (USD)	94.00 (USD)	
Debit account currency	Transfer currency	Debit reference
USD	USD	Renewal of radiographer licen
BIC (SWIFT)		
SBICZWHX		

Transaction details

Transaction id.	Beneficiary code	Beneficiary name
2	AHPCZUSD	Allied Health Practitioners Council of Zimbabwe
Beneficiary type	Beneficiary entity category	Beneficiary nationality
Pre-defined		
	Account number	Account type
	66161383840028	
Account currency	Sort Code	BIC (SWIFT)
USD	06103	COBZZWHA
Beneficiary bank name	Beneficiary bank branch name	IBAN
CBZ BANK LIMITED	Julius Nyerere	
Transfer amount		Beneficiary reference
94.00		Cure Children's Hospital
Transaction type	ISN/Bus Ref	Submission mechanism

Disclaimer

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Payment instruction - Detailed report**RTGS**

Transaction status

Delivered for Processing**Online capture**

Intermediary bank name

Intermediary bank city

Intermediary bank BIC(SWIFT)

Correspondent bank name

Correspondent bank city

Correspondent bank BIC(SWIFT)

Biller id.

Class of entry

Instruction code

Instruction text

Regulatory reporting

Beneficiary gender

Beneficiary identification type

Regulatory reporting

Beneficiary identification no

Passport country/region

Beneficiary address

Beneficiary bank address

Eastlea Harare

Balance of Payment reason

Pay alert details

Title and name	Address or number	Status	Date and time sent
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End of report**Disclaimer**

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