



Dear GWIZA SITHOKOZILE 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                     | \$67000  |
| Date                       | 16-Mar-2023  |
| Narration                  | Renewal fees for S Gwiza reg no 310257 for<br>2023 ALLIED HEALTH PRACTIONERS<br>COUNCIL OF ZIMBABWE CBZ BANK REF<br>618FTMC230750001 |

Emailed  
For & on behalf of CBZ Bank

