



Dear MATSIKA LOVEMORE MUYENGWA 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	\$54000
Date	10-Sep-2022
Narration	Kudzanai Matsika counseling reg ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 689FTMC222530005

Emailed  
For & on behalf of CBZ Bank

.