



Dear DURU TINASHE 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	\$55000
Date	16-Mar-2023
Narration	Renewal fees Tinashe Duru AHEP0053 ALLIED HEALTH PRACTIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 020FTMC230750507

Emailed  
For & on behalf of CBZ Bank

