

Date	Category	Topic	Stamped/Signed by
5/6/22	10	T.B voluntary screening	RaShel
11/10/22	5	Breast Cancer Rollout Prog	RaShel
28-30/10/22	5	POW Global Eradicator Initiative	RaShel
28/11/22	10	Busy a w Erms	RaShel

11/18/23 8:38 AM 5795

amount blank



cbz Bank

Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

ACCOUNT no and Name : 66161383840028 ALLIED HEALTH PRACTITIONERS

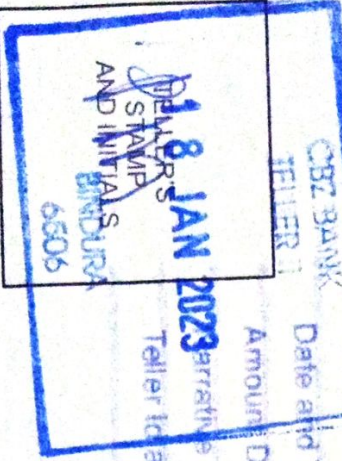
Date and Time : 2023-01-18 09:39:44 AM

Amount Deposited : USD 67.00

MOSES CHIKAPA RENEWAL OF LICENSE

662PMUPINDU 662CHDP230180504

Teller Id and Ref



Bank Copy

TICK WHERE APPLICABLE

<input checked="" type="checkbox"/>	USD	<input type="checkbox"/>	ZAR	<input type="checkbox"/>	GBP	<input type="checkbox"/>	EURO	<input type="checkbox"/>	BWP
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OTHER SPECIFY

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

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 transaction inconsistent with the amount stated herein.

Signature: M. M. M.