

Z.E.T.S.S. PAYMENT FORM

Complete in Duplicate AGF

158/05/06

The Manager
AGRIBANK
Hwange Branch

Date.....

Bank Ref

Dear Sir/Madam

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Kindly effect the following funds transfer via RTGS (Real Time Gross Settlement)

AMOUNT IN FIGURES

USD 109.00

AMOUNT IN WORDS

One hundred and nine dollars

ACCOUNT NAME

HWANGE COLLIERY HOSPITAL

ACCOUNT TO
BE DEBITED

1 2 1 0 0 0 0 8 5 7 6 8

VALUE
DATE

18/01/23

BENEFICIARY DETAILS

NAME AND ADDRESS..... ALLIED HEALTH PROFESSIONS COUNCIL.....

..... HARARE.....

CUSTOMER'S BANKED ... C B Z.....BRANCH

ACCOUNT NUMBER

...66161383840028.....

DETAILS OF PAYMENT

2023 PERSONS RENEWAL LICENCE - FRANK MAKOMBE

Applicant's Full Name..... HWANGE COLLIERY HOSPITAL.....

Address 1 STADIUM ROAD HWANGE.....

Phone No. 22271/2.....

I/we understand that payments made via the RTGS (Zimbabwe Electronic Transfer Settlement System) are irrecoverable and I/we Indemnify Agribank against any losses arising as a result of this transaction.

I/we hereby acknowledge that the bank is not liable for errors, omissions or delays in transmissions arising from circumstances beyond its Control.

THIS DOCUMENT DOES NOT SERVE AS PROOF OF PAYMENT.

Customer's signature(s) : (1).....

(2).....

FOR BANK USE ONLY

BRANCH	TREASURY BACK OFFICE
Received (Date & Time)..... 18/01/23 08:59	Received By.....
Customer's signatures Verified	RTGS Processed By.....
Available Balance(specify currency and amount).....	
RTGS Authorized By	
Authorised Signatory 1.....	

Treasury
Date
Stamp