

Confirmation of Cash Deposit

DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2023-03-06 13:13:40 PM

Amount Deposited :

USD 67.00

Narrative :

CASH DEPOSIT RENEWAL OF AT CERTIFICATES

Teller Id and Ref :

12WMAFFUMO

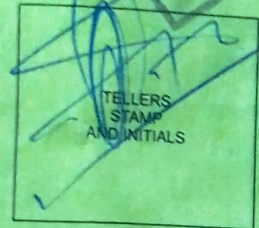
012CHDP230650622

Bank Copy

TICK WHERE APPLICABLE

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

OTHER SPECIFY	
500 x	
200 x	
100 x	100
50 x	
20 x	
10 x	
5 x	
2 x	
1 x	
Other	
Total:	67



I, TINASTIE SEMOUR SANDI 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: [Signature]

Date	Category	Topic	Stamped/Signed by
4/7/22	5	Head lightning	[Stamp]
10/7/22	5	DM + HPT	[Stamp]
01/8/22	5	# Management	[Signature]
7/8/22	5	CP R Paediatric	[Stamp]
5/10/22	5	Organic phosphate	[Stamp]
18/10/22	5	CP R Adult	[Stamp]
02/11/22	5	Resuscitation	[Stamp]
15/11/22	5	Maternity	[Stamp]

Date	Category	Topic	Stamped/Signed by