

1/9/23, 1:34 PM 85840028

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Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name : 66161383840028 ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE
Date and Time : 2023-01-09 13:33:56 PM
Amount Deposited : USD 109.00
Teller Id and Ref : 18SMABINDU 018CHDP230090618

TELLER'S
STAMP
AND
SIGNATURE

Customer Copy

TICK WHERE APPLICABLE

USD ☒ ZAR ☐ GBP ☐ EURO ☐

OTHER SPECIFY

500 x			
200 x			
100 x			
50 x			
20 x			
10 x			
5 x			
2 x			
1 x			
Other			
Total:	109		

I, IRENE R. MAROVA 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 transactions inconsistent with the amount stated herein.

Signature: [Signature]