



Dear CHIKWANA RUMBIDZAI MISS

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

\$105000

Date

16-Mar-2023

Narration

certificate renewal for rumbidzai chikwana
ALLIED HEALTH PRACTIONERS COUNCIL OF
ZIMBABWE
614FTMC230750505



Emailed
For & on behalf of CBZ Bank