



Dear MOYO WELLINGTON LUNGELOLAMI MR

Thank you for transacting using the CBZ Touch Funds Transfer service in respect of:

Beneficiary Customer Name	ALLIED HEALTH PRACTITIONERS COUNCIL O
Beneficiary Account Number	66161383840018
Amount	\$47394.22
Date	16-Jan-2023
Narration	Wellington L Moyo Renewal fees AHIM0019 ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE CBZ BANK REF 012FTMC230160016

Emailed  
For & on behalf of CBZ Bank

