



! Your request has been completed successfully.

Transaction with reference number 296150299656105 is in Accepted state.

## Payments to Other Bank Accounts - Confirm

13-03-2023 11:30:02 GMT +0000

My Statement Description: MAWIRE T FEES

Source Account: 11991235037 302 600177116

### Beneficiary Details

Beneficiary Name: ALLIED HEALTH PRACTITIONERS COUNCIL

Beneficiary Account: 66161383840018

Beneficiary Email:

Mobile No.:

### Payment Details

Country: Zimbabwe

Transfer Currency: Zimbabwean Dollar

Transfer Type: Low value

Transfer amount: 180,000.00

IMT Tax Waiver: No

Pay Now: 14-03-2023

### Beneficiary Bank Details

Beneficiary Bank Code: 06100

Bank Name: CBZ BANK

Bank Address: HEAD OFFICE

City: HEAD OFFICE

### Other Details

Beneficiary Statement MAWIRE T FEES

Description:

Template Access Type:

OK

Add as Beneficiary