ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

PRACTISING CERTIFICATE RENEWAL FORM - YEAR 2022

INSTRUCTIONS

PLEASE NOTE THIS INFORMATION WILL BE USED FOR THE DIGITAL PLATFORM WE ARE INTRODUCING IN THE NEAR FUTURE. KINDLY ENSURE ACCURACY (ESPECIALY ON NAME, REGISTRATION NUMBER AND ID NUMBER) AND FILL IN ALL SECTIONS

| BASIC INFORMATION | | |
|--|----------------------------|----------------------------------|
| Full Name – as on ID (Start with surname) | | - 100 |
| | NGWENYA BRUI | CE MAYIBONGHE |
| Profession | AMBULANCE TECHNICIAN | |
| AHPCZ Registration Number | A/T 5023 | |
| Phone Number | | |
| Email Address | 0774598550 | |
| Email / Maries | brucenguenga 9 Ogmail·com | |
| ID - Number | 39-077914 \$ 39 | |
| Date of Birth | 01/02/96 | action (|
| 2. REGISTERED CATEGORY (TICK WE Registration Certificate | HERE APPLICABLE)- Verify y | your registered category on your |
| a. Main Register | | |
| b. Internship | | V |
| c. Provisional | | |
| 1. PRACTISING STATUS (TICK WHERE | APPLICABLE) | |
| a. Practising in Zimbabwe | | |
| b. Practising Out of Zimbabwe | | |
| i. Maintenance only | | |
| ii. Requires Practising Certific | ate | |
| c. Not Practicing | | |
| i. Maintenance Only | | |
| ii. Requires Practising Certification | ate (Pays Standard Fee) | |
| 2. CPD POINTS ATTAINED (for selected | d professions) | |
| 3. PAYMENT DETAILS | | |
| a. Amount Paid and Code of payment | | \$66 799 REF 026 FTMC 2307 |
| b. Date of Payment | | 20/03/23 |
| c. Payment Platform (Ecocash/CBZ/SCB/Nestro) | | CBZ Rigs |





Dear VHIRIRI ALLEN MR

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 \$66799

Date 20-Mar-2023

Narration Renewal fees ALLIED HEALTH PRACTIONERS

COUNCIL OF ZIMBABWE CBZ BANK REF

026FTMC230790015

Emailed

For & on behalf of CBZ Bank



Other CBZ Account





20 Mar 2023 12:00

CBZ Transfer

ZWL 66799

Reference Number

026FTMC230790015

Narration

Transaction Successful

TO

Beneficiary Name

Allied Health practitioners council

Account Number

61383840018









WhatsApp

Add Beneficiary Save to Gallery

Email

Done









