

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM
The Manager

First Capital Bank Limited

MASVINGO BRANCH

Customer to fill in blank spaces

Date **29/03/2023**

Complete in Triplicate

FIRST CAPITAL BANK
LIMITED
RECEIVED
29 MAR 2023
ANSWERED
MASVINGO

Dear Sir/Madam

APPLICATION FOR ELECTRONIC TRANSFER Kindly effect the following transfer via ZETSS;

Amount in figures (ZWL) **\$109 000 - 00**

Amount in words **ONE HUNDRED AND NINE THOUSAND AND NINE DOLLARS ONLY**
APPLICANT'S DETAILS

Applicant's full name **MAKARUKE KUMBIRAI PSY0374** ID Number **22-183074 L22**

Nature of Business/Occupation **PSYCHOLOGIST**

Business Address **ZOU MASVINGO**

Account Denomination **RTGS**

Debit Account Number **25091095432** Branch **MASVINGO**
BENEFICIARY'S DETAILS NAME AND ADDRESS **ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE**

BENEFICIARY'S BANKERS **CBZ**

BRANCH **AVONDALE** ACCOUNT NUMBER **66161383840028**

REASON FOR PAYMENT Purchase ☐ Investment ☐ Utility Bill ☐ Rent ☐ Other ☒

TRANSACTION DESCRIPTION **PRACTISING RENEWAL FOR KUMBIRAI MAKARUKE PSY0374**

For Zimra Payments Please provide the following:

Tax Obligation Business Partner No

Area Office Code

I/We do hereby represent and declare to First Capital Bank Limited that the above information is true and accurate in every respect. I/We undertake to retain the supporting documents and invoices for this transaction and to provide same to First Capital Bank Limited on request. I/We further understand that payments made via the ZETSS are final and irrevocable and may not be reversed or set aside for any reason whatsoever. I/We hereby acknowledge that First Capital Bank Limited is not liable for any direct or indirect damages whatsoever and howsoever arising or errors, omissions or delays in transmission attributable to me/us or arising from circumstances beyond First Capital Bank Limited control. I/We understand that it is an offence to use the ZETSS to undertake or facilitate money laundering or unlawful transactions. I/We irrevocably authorise First Capital Bank Limited to reverse, block or suspend any unlawful transactions. I/We hereby indemnify First Capital Bank Limited against any costs, claims, liability or losses whatsoever arising from this transaction or unlawful use of the RTGS system. First Capital Bank Limited liability in the event of any proven claim is limited to and may not exceed interest on the transaction amount. I/We acknowledge that no RTGS instruction shall be deemed to have been accepted by the bank for any purpose until my/our account with details provided above has been duly debited with the amount of the RTGS instruction.

Authorised Signatories **Make**

FULL NAMES **MAKARUKE** **KUMBIRAI**

Contact Numbers: **0773488428**
FOR BANK USE ONLY
WALK IN CUSTOMERS

DATE: **29/03/23** TIME: **1206**

NAME OF CUSTOMER/PRESENTER **K. Makaruke**

POSITIVE IDENTIFICATION NUMBER **22-183074 L22**

NAME OF RECEIVER **P Como R**

SIGNATURE **x Make**
BACK OFFICE

CAPTURED BY

ENTRIES PASSED BY

CALL BACK CONFIRMATION

CONFIRMED BETWEEN

COMPANY OFFICIAL NAME

BANK OFFICIAL NAME

TEL/CEL No PHONED

DATE PHONED

TIME PHONED

AUTHORISED BY

CONFIRMED BY

AUTHORISED SIGNATORIES

ZIMBABWE ELECTRONIC TRANSFER AND SETTLEMENT SYSTEM (ZETSS) PAYMENT FORM
The Manager

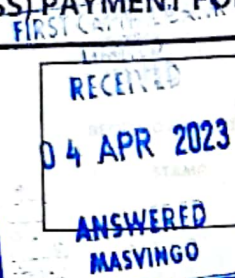
First Capital Bank Limited

MASVINGO BRANCH

Customer to fill in blank spaces

Date **04/04/2023**

Complete in Triplicate



Dear Sir/Madam

APPLICATION FOR ELECTRONIC TRANSFER Kindly effect the following transfer via ZETSS;

Amount in figures (ZWL) **\$ 111 289-00**

Value Date

Amount in words **ONE HUNDRED AND ELEVEN THOUSAND TWO HUNDRED AND EIGHTY NINE DOLLARS**
APPLICANT'S DETAILS

Applicant's full name **MAKARUKE KUMBIRAI PSY0374** ID Number **22-183074 L 22**

Nature of Business/Occupation **PSYCHOLOGIST**

Business Address **ZOU MASVINGO**

Account Denomination **RTGS**

Debit Account Number **25091095432**

Branch **MASVINGO**
BENEFICIARY'S DETAILS

NAME AND ADDRESS **ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE**

BENEFICIARY'S BANKERS **CBZ**

BRANCH **AVONDALE**

ACCOUNT NUMBER **66161383840018**

REASON FOR PAYMENT

Purchase ☐

Investment ☐

Utility Bill ☐

Rent ☐

Other ☒

TRANSACTION DESCRIPTION **PRACTISING RENEWAL FEE FOR KUMBIRAI MAKARUKE PSY0374**

For Zimra Payments Please provide the following:

Tax Obligation

Business Partner No

Area Office Code

I/We do hereby represent and declare to First Capital Bank Limited that the above information is true and accurate in every respect. I/We undertake to retain the supporting documents and invoices for this transaction and to provide same to First Capital Bank Limited on request. I/We further understand that payments made via the ZETSS are final and irrevocable and may not be reversed or set aside for any reason whatsoever. I/We hereby acknowledge that First Capital Bank Limited is not liable for any direct or indirect damages whatsoever and howsoever arising or errors, omissions or delays in transmission attributable to me/us or arising from circumstances beyond First Capital Bank Limited' control. I/We understand that it is an offence to use the ZETSS to undertake or facilitate money laundering or unlawful transactions. I/We irrevocably authorise First Capital Bank Limited to reverse, block or suspend any unlawful transactions. I/We hereby indemnify First Capital Bank Limited against any costs, claims, liability or losses whatsoever arising from this transaction or unlawful use of the RTGS system. First Capital Bank Limited' liability in the event of any proven claim is limited to and may not exceed interest on the transaction amount. I/We acknowledge that no RTGS instruction shall be deemed to have been accepted by the bank for any purpose until my/our account with details provided above has been duly debited with the amount of the RTGS instruction.

Authorised Signatories **MAKARUKE**

FULL NAMES

MAKARUKE
KUMBIRAI

Contact Numbers:

0773488428
FOR BANK USE ONLY

WALK IN CUSTOMERS

DATE: **04/04/23**

TIME

1015

NAME OF CUSTOMER/PRESENTER

K. Makaruke

POSITIVE IDENTIFICATION NUMBER

22-183074 L22

NAME OF RECEIVER

P. Gomonor

SIGNATURE

MAKARUKE

CALL BACK CONFIRMATION

CONFIRMED BETWEEN

COMPANY OFFICIAL NAME

BANK OFFICIAL NAME

TEL/CEL No PHONED

DATE PHONED

TIME PHONED

BACK OFFICE

CAPTURED BY

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ENTRIES PASSED BY

CONFIRMED BY

AUTHORISED SIGNATORIES

