



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161393840028

ALLIED HEALTH PRACTITIONERS

Date and Time :

2023-01-21 09:22:29 AM

Amount Deposited :

USD 173.00

Narrative :

REGISTRATION FEE FOR ABELL TAMUKA

Teller Id and Ref :

125TMAREGERE 125CHDP230210001

TELLER'S
STAMP
AND INITIALS

TICK WHERE APPLICABLE

USD ☐ ZAR ☐ GBP ☐ EURO ☐ BWP ☐

OTHER SPECIFY _____

500 x		
200 x		
100 x		CIL OF ZIMBABWE
50 x		
20 x		
10 x		
5 x		
2 x		
1 x		
Other		
Total:		

I confirm that the amount stated on this slip is the correct amount deposited and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that the Bank shall reserve the right to reverse any transaction inconsistent with the amount stated herein.

Signature: _____