From: Loveness Mashawi <[lovenessmashawi702@gmail.com](mailto:lovenessmashawi702@gmail.com)>  
Date: Thu, 16 Feb, 2023, 08:22  
Subject: Proof of payment for renewal of practicing certificate 2023  
To: <[registrations@ahpcz.co](mailto:registrations@ahpcz.co)>

The above subject matter refers

Your bill payment to ALLIED HEALTH PRACTITIONERS COUNCIL(36143) of ZWL62980 to lovenesmashawihfs0399 was successful. TxnID BP230216.0805.K00798. Wallet balance

With regards,

Loveness Mashawi HFS0399