

«key»

Payee Number.

Discipline: «position»

Provider Payee Number: «serviceNumber»

Effective Date: «date»

Restrictions:

NONE

This serves to confirm that «serviceNumber» has been allocated an AHFoZ Provider

Signature: «issuer»

Date of Issue:

Issued By:

Powered by TCPDF (www.tcpdf.org)

Email: ahfoz@ahfoz.co.zw

Zimbabwe (AHFoZ)

Tel/Fax: +263 242

**AHFoZ House**

778896/778798/778724

18 Southey Road

Association of Healthcare Funders of

Hillside

Website: www.ahfoz.org

P O. Box 2026

Cell No: +263 (0) 788778209

Harare

VOIP: 08677008320

**AHFoZ SERVICE PROVIDER CONFIRMATION**