



# PROOF OF PAYMENT REQUEST FORM

DATE...2020-01-03.....

CUSTOMER NAME...Laura Lauren.....ID NUMBER...34568654.....  
CONTACT NUMBER...07123 432432.....EMAIL ADDRESS...lauren\_laura@email.com.....  
ACCOUNT NUMBER...5468912.....BRANCH NAME...Oxford st. London.....  
TRANSACTION DATE...2019-12-25.....TRANSACTION VALUE...£654.12.....  
TRANSACTION REFERENCE NUMBER...08123456789345.....  
NATURE OF TRANSFER (RTGS/ZIPIT/INTERNAL/BILL PAYMENT) ...Bill Payment.....  
BENEFICIARY'S FULL NAME...Darius Gumber.....

**Declaration:** In consideration of you accepting e-mail or WhatsApp (only from registered email addresses & mobile number) enquiries or instructions from me/us to access Proof of Payment documents for transactions on my/our account in my/our name on your books, I/we hereby indemnify CBZ Bank, its officers and employees against any losses or claims for damage arising from errors, delays, incorrect details or system related challenges beyond its control. I/We confirm that the details herein furnished are correct.

.....Laura Laured.....	.....	.....
CUSTOMER SIGNATURE	CUSTOMER SIGNATURE	CUSTOMER SIGNATURE