

REF: Document NO. INA 40453



CBZ BANK  
CASH OFFICER 1  
07 DEC 2023  
KWAME NKUMAH AVE  
HARARE  
6101

# Internal Funds Transfer

Date 07/12/2023

Kwame N Branch

The Manager,  
Account Number

0	2	1	2	2	8	3	8	7	7	0	0	1	8
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Please effect the following transfer and debit my/our account.

### Applicant's Details

Account name Desmund Ali

### Beneficiary's Details

Account name Agricultural Marketing Authority

Account Number

0	1	1	2	2	8	2	9	6	3	0	0	1	8
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Amount 

5	8	2	8	0	0	0	0
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Amount in Words Five million Eight

Hundred and Twenty Eight Thousand Dollars Only

We hereby:  
i. Confirm that the details herein furnished are true and correct. ii. Acknowledge and accept that a stamped copy of this form does not imply that funds have been transferred to the beneficiary account, but is merely an acknowledgment of receipt of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may not be actioned in the event of insufficiency of funds or other restrictions being placed on the account.  
iii. The onus is upon me/us to confirm with the beneficiary that the funds have been received. iii. Indemnify CBZ Bank, its officers, agents and employees against any losses or claims arising from errors, delays, incorrect details or system-related challenges beyond its control or any other acts or circumstances constituting force majeure affecting the processing of the funds transfer in any way.

Customer's Signature [Signature]

Customer's Signature \_\_\_\_\_