CBZ BANK

Partners For Success

Internal Funds Transfer

Date 27 01 24

The Manager, ✓ AGON Mlotoa 8th Av Branch

Please effect the following transfer and debit my/our account.

Account Number 0 1 2 2 4 1 0 2 5 9 0 0 1 6

Applicant's Details

Account name TSHUMA DINGILIZWE

Beneficiary's Details AGRICULTURAL MARKETING AUTHORITY

Account Number 0 1 1 2 2 8 2 9 6 3 0 0 1 8

Amount $ 2 300 000 00 Amount in Words TWO MILLION AND THREE HUNDRED THOUSAND DOLLARS

I/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 credited 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account, but is merely an acknowledgment of receipt of the transfer request by the Bank which request may be withdrawn before the funds have been credited into the beneficiary's account and which request may not be actioned in the event of insufficiency of funds or other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.
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.

CBZ BANK KNOWLEDGE INFORMATION 2 27 JAN 2024 8TH AVENUE BULAWAYO

Customer's Signature TShuma Customer's Signature TShuma

Bank Use Only

Signature Verified By:

Available Balance:

Identification:

Book Balance:

Authorised By: