

**Payment instruction - Detailed report**
**Batch details**

Batch id	Date & time created	Payment type
<b>67931983</b>	<b>08/11/2024 10:41:25 AM CAT</b>	<b>LILYPAD FARM</b>
No. of instructions	Customer batch reference	Submission mechanism
<b>1</b>		<b>Online capture</b>
Last modified date	Amount	Currency
<b>08/11/2024</b>	<b>350.00</b>	<b>USD</b>
Date & Time submitted	Date & Time accepted	Status
<b>08/11/2024 10:41:30 AM CAT</b>	<b>08/11/2024 10:41:30 AM CAT</b>	<b>Fully Processed</b>

**Instruction details**

Instruction id.	Value date	Status
<b>74334349</b>	<b>08/11/2024</b>	<b>Delivered for Processing</b>
No. of transactions	Service level	Authoriser
<b>1</b>	<b>Urgent</b>	<b>[NICOLA HOPGOOD]</b>
Credit amount	Charges paid by	Submission mechanism
<b>350.00 (USD)</b>	<b>OUR</b>	<b>Online capture</b>
Funding option		
<b>Available funds</b>		
Pay from		

Account number	Account name	Account type
<b>9140000972761</b>	<b>LILYPAD FARM SERVICES - FCA NOSTRO</b>	<b>OD005-Business Banking Current Account</b>
Debit amount	Total transfer amount	
<b>350.00 (USD)</b>	<b>350.00 (USD)</b>	
Debit account currency	Transfer currency	Debit reference
<b>USD</b>	<b>USD</b>	<b>AMA 2024 2025 (DRWZ48673)</b>
BIC (SWIFT)		
<b>SBICZWHX</b>		

**Transaction details**

Transaction id.	Beneficiary code	Beneficiary name
<b>2</b>	<b>AMA FCA001</b>	<b>Agricultural Marketing Authority</b>
Beneficiary type	Beneficiary entity category	Beneficiary nationality
<b>Pre-defined</b>		
	Account number	Account type
	<b>22829630098</b>	
Account currency	Sort Code	BIC (SWIFT)
<b>USD</b>	<b>06101</b>	<b>COBZZWHA</b>
Beneficiary bank name	Beneficiary bank branch name	IBAN
<b>CBZ BANK LIMITED</b>	<b>Kwame Nkrumah Avenue</b>	
Transfer amount		Beneficiary reference
<b>350.00</b>		<b>Lilypad Farm Services</b>
Transaction type	ISN/Bus Ref	Submission mechanism
<b>RTGS</b>		<b>Online capture</b>
Transaction status		

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**Payment instruction - Detailed report****Delivered for Processing**

Intermediary bank name	Intermediary bank city	Intermediary bank BIC(SWIFT)
Correspondent bank name	Correspondent bank city	Correspondent bank BIC(SWIFT)
Biller id.		Class of entry
Instruction code	Instruction text	Regulatory reporting
Beneficiary gender	Beneficiary identification type	Regulatory reporting
	Beneficiary identification no	Passport country/region
Beneficiary address	Beneficiary bank address	
<b>HARARE</b>		
Balance of Payment reason		

**Pay alert details**

Title and name	Address or number	Status	Date and time sent
AMA	info@ama.co.zw	Sent	08/11/2024 10:50:39 CAT

**End of report****Disclaimer**

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