

## APPLICATION FOR TRANSFER OF FUNDS THROUGH THE REAL TIME CROSS SETTLEMENT SYSTEM (RTGS)

 The Manager  
 ZWMB Ltd

Branch

HARARE

Dear Sir / Madam

Application for an Electronic Transfer : RTGS

Name of Customer:

SELESYND CITILWATUKE

Contact Telephone / Mobile Number (landlines only for Companies)

0719262855

Account Number

340100109980201

Branch Code

Would you please effect an electronic transfer on my / our behalf for the sum of \$

Amount in words

SEVEN THOUSAND AND EIGHT HUNDRED (216) EIGHT

The beneficiary's banking details are as follows:

Account Name

AGRICULTURAL MARKETING AUTHORITY

Account No.

011-2824630018

Bank Code:

Bank

CBZ

Branch

KWARA

Reason for payment

 REG FEES 2025  
 Kindly debit our account with the amount of the transfer and your charges. Whilst we have requested the Bank to undertake the above transaction, we indemnify the Bank against delayed processing due to funds not being timeously credited by the receiving bank, inability to process due to inadequate cleared funds, failure to obtain clearance from the account holder or Company Official / Finance Director on the day the application is submitted, computer breakdown, incorrect or insufficient details and any other circumstances beyond its control.

Yours faithfully

Authorised Signatory

Name:

S. CHIKWATUKE

Authorised Signatory

Name:

## FOR BANK USE ONLY

Instruction presented by: S. CHIKWATUKE (name) on 04-09-2025 (date) at 12 (time)

National ID doc. produced and number: 04-09-2025 X 01

Instruction received by: B. MURRAY (name) (signature) 12 (time)

Signature verified by: B. MURRAY (name) (signature) 12 (time)

Transaction authorised by: 1st Signatory sig. &amp; time 2nd Signatory sig. &amp; time

Input done by: (name) (signature) (time)

Input authorised by: (name) (signature) (time)

Note: All transfers must be referred to either the account holder or Finance Director and / or any other authorised signatory who must appear on the Company list of personnel authorised to confirm RTGS transfers, HELD BY THE BANK AND CONFIRMED AS FOLLOWS:

Name of authorised signatory confirming the transaction

Date and time of confirmation (date) (time)

Mobile / Landline number used to confirm / authenticate the payment instruction.

Name of Bank Official confirming

IMPORTANT NOTICE

 1. Please note that instructions received by our Customer Service Department after the cut-off time will be processed the next business day. A stamped copy of this instruction is an acknowledgement of receipt and does not guarantee that the transfer will be effected since all conditions stipulated on this form must be met first before the transfer is made.  
 2. BY THE BANK that the transfer will be effected at its discretion and that this instruction is irrevocable, but should not in any way be used for the purpose of releasing goods to the presenter.

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