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KAHARI HEALTHCARE P/L

cbz Bank

Confirmation of Cash Deposit

TICK WHERE APPLICABLE

USD	ZAR	GBP	EURO	BWP
☐	☐	☐	☐	☐

OTHER SPECIFY _____

500 x			
200 x	1	200	
100 x			
50 x			
20 x			
10 x			
5 x			
2 x			
1 x			
Other			
Total:			

CASH DEPOSIT ADVICE

Account No and Name : 10722829830096 AGRICULTURAL MARKETING AUTHORITY

Date and Time : 2025-08-13 12:16:21 PM

Amount Deposited : USD 300.00

Narrative : kashinga maroveke licencing

Teller Id and Ref : 21TSIBANDA 021CHDP252250105

CBZ BANK TELLER 13 AUG 2025 SELOUS AVENUE, HARARE 6109

TELLERS STAMP AND INITIALS

Customer Copy

+263772386577

I KASHINGA MAROVEKE confirm that the amount stated on this slip is the correct amount deposited and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that the Bank shall reserve the right to reverse any transaction inconsistent with the amount stated herein.

Signature: _____

MUTBELL PRINTERS