



MACUA & WAMUA - ADVICE OFFICE

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CASH PAYMENT

Date		
Payee		
Amount		
Reason		
Area		
ID Number		
Contac details		
Issued by		Signature:
Authorised by		Signature:

Further comments if any:

Received by: _____

Signature: _____

Date: _____

I CONSENT & ACKNOWLEDGE that my information will be used for auditing and record keeping purposes IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013 (POPI).