

CASH DEPOSIT

Transaction Ref:

Account ID:

Account Name:

Account Currency:

Amount:

Depositor Name:

Depositor Phone No:

Location:

Issued Date:

Issued By:

Signature:

Signature:

Signature:

TT24180DUE266D5B

000500008512977

FACULTE DE THEOLOGIE  
PIASS

RWF

25000

NAHIRWE ADELINE

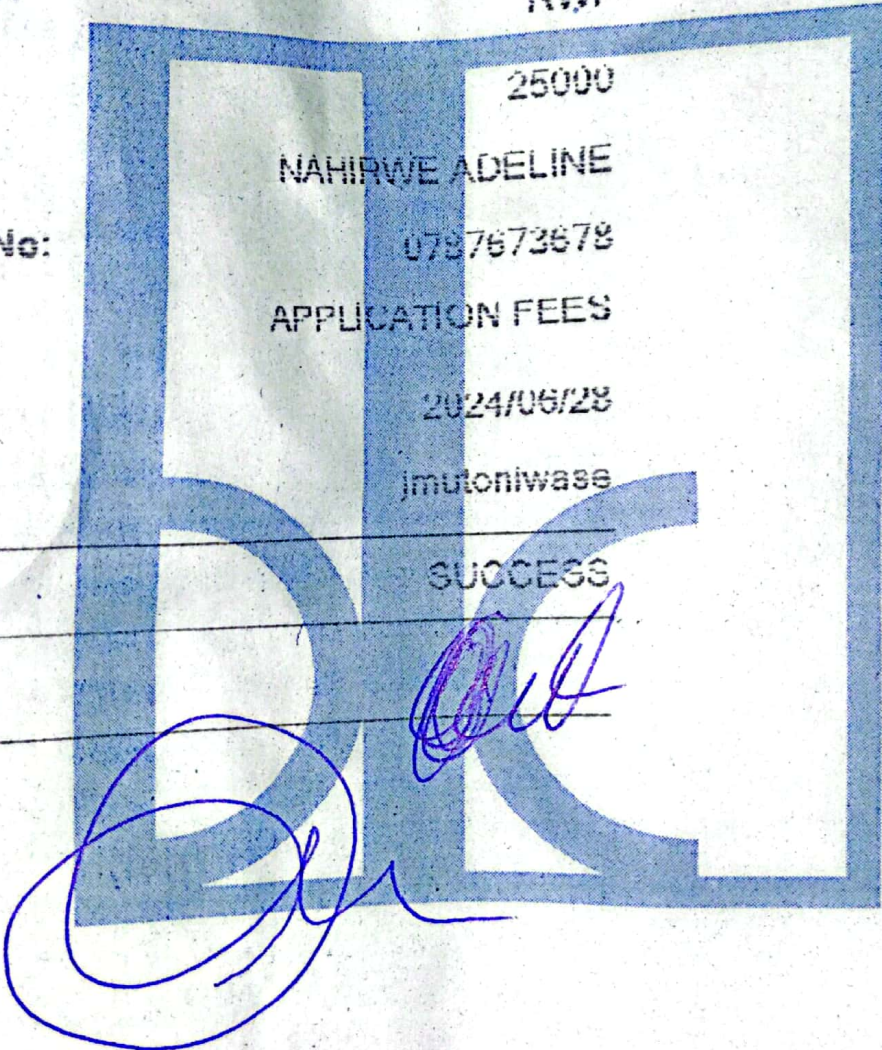
0787673678

APPLICATION FEES

2024/06/28

Imutoniwase

SUCCESS



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