

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE – REGIONAL ADMINISTRATIVE AND LOCAL GOVERNMENT AUTHORITIES



ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM

Reference Number: New Modified

SECTION A: VENDOR INFORMATION (To be Filled in by prospective Vendor)

VENDOR FULL NAME	VENDOR ADDRESS	VENDOR CLASSIFICATION
	P.O. Box: Street: Region: Mobile:	Employee <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/>

Tax Identification Number (TIN)/Cheque Number	
Local Government Authority (<i>For Example City Council</i>)	

Vendor Bank Details

Bank Name	
Account Name	
Bank Account Number	
Branch	
Branch Location	
Branch Code (BIC Number)	
Account Type	<i>Saving</i> <input type="checkbox"/> <i>Current</i> <input type="checkbox"/>

Vendor's Signature : _____

Date: _____



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SECTION B: VENDOR'S BANK MANAGER CERTIFICATION(To be filled by Vendor's Bank Branch Manager)

Name: _____

Designation _____

Signature: _____

Date: _____

SECTION C: MANAGEMENT APPROVAL(To be filled by officer responsible for approving vendors)

DAHRM/AASCT/MT/DT

Name _____ Name _____

Designation _____ Designation _____

Signature: _____ Signature: _____

Date: _____ Date: _____

NB:

1. This form must be filled by either a company or an individual
2. This form must be certified by account holder's bank for correctness of account details