

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT



ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM

Reference Number: VOTE

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"/>

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)

CT/MT/DT

CD/MD/DED

Name _____
Designation _____
Signature: _____
Date: _____

Name _____
Designation _____
Signature: _____
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
3. The form must be filled in triplicate, original to LGA, duplicate to Vendor's Bank and triplicate to be retained by Vendor.