

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



**ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM**

Reference Number: VOTE 813068  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"/> Other <input type="checkbox"/> Supplier <input type="checkbox"/>

Tax Identification Number (TIN)/ Check Number	
---	--

Local Government Authority ( For Example City Council)	<b>Urambo District Council</b>
--	--------------------------------

**Vendor Bank Details**

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

Vendor's Signature : \_\_\_\_\_

Date: \_\_\_\_\_



**ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM**

**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)**

**CD/MD/DED/(CHRO)**

**CT/MT/DT**

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 Ministry/Department/Agency/Region, duplicate to Vendor's Bank and triplicate to be retained by Vendor.