



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
ZACHARIA BENARD TINGANISI	P.O. Box: 230 Street: URAMBO Region: TABORA Mobile: 0784098141	Employee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Supplier <input type="checkbox"/>

Tax Identification Number (TIN)/ Check Number	1110897651 (check no yako)
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Local Government Authority (For Example City Council)	URAMBO DISTRICT COUNCIL
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Vendor Bank Details

Bank Name	NMB/CRDB/NBC/ EXIM/ AKIBA BANK PLC
Account Name	ZACHARIA BENARD TINGANISI
Bank Account Number	51301003881
Branch	URAMBO
Branch Location	Kwa (NMB/CRDB) OLD BOMA ROAD
Branch Code (BIC Number)	
Account Type	Saving <input checked="" type="checkbox"/> Current <input type="checkbox"/>

Vendor's Signature : _____ SAHII YAKO _____

Date: _____ 02.05.2018 _____



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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)

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.