

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



**ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM**

Reference Number:

New

Modified

<b>SECTION A: VENDOR INFORMATION (To be filled in by prospective Vendor)</b>		
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 (For Example City Council)		
<b>Vendor Bank Details</b>		
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: \_\_\_\_\_

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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/AAS**

NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CT/MT/DT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.