**THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**ZANZIBAR e – GOVERNMENT AUTHORITY**



ZANZIBAR GOVERNMENT ELECTRIONIC PAYMENT GATEWAY (ZanMalipo)

SERVICE PROVIDER REGISTRATION FORM

|  |
| --- |
|  |
|

|  |
| --- |
| **SECTION A: INSTITUTION INFORMATION** |
| **MINISTRY/DEPT/AGENCY (MDA’s) INFORMATION** | **ADDRESS** |
| Name of Institution (Service Provider):Vote Code/TR No: Short Name: Parent Ministry Name: | 1. O. BOX:

Street:District: Region: Tel: Fax**:****Email:** |
|  |
| **SECTION B: DEPARTMENTS (SUB SERVICE PROVIDERS)**  |
| S/N |  Department Name | District | Region |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **SECTION C: REVENUE COLLECTION CENTERS**  |
| S/N |  Center Name | District | Region |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **SECTION D: REVENUE COLLECTION ACCOUNT(S) INFORMATION** |
| S/N | Account Name | Account Number | Bank Name | Branch | Currency |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |
| **SECTION E: REVENUE SOURCES BUDGET (CURRENT FINANCIAL YEAR)** |
| S/N | Revenue Source Name | Annual Target in T.Shs. |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4 |  |  |
|  |
| **SECTION F: MANAGEMENT APPROVAL**: (To be filled and stamped by Accounting Officer) |
| I declare that the above filled information are correct and shall be used in registering our Institution to ZanMalipo system.Name: ....................................................................... Signature....................................... Date:............................................................... |
|  |
| **SECTION G: PO FINANCE AND PLANNING APPROVAL**: (To be filled and stamped by Accountant General) |
| *I declare that the above filled information are correct and shall be used in registering the above Institution to ZanMalipo system.*Name: ................................................................ Signature....................................... Date:...............................................................**Note:**This form shall be;* Filled by the Government Services Provider (Institution).
* Approved, signed and stamped by the Accounting Officer (Institution).
* Approved, signed and stamped by the Accountant General.
 |
|  |
| **SECTION H: FOR ZanMalipo USE ONLY.** |
| 1. SP Creation Authorized by: Name ................................................................................

Signature .......................................................................... Date …...................................……..................................... 1. Created by: Name ............................................................................

 Signature ........................................................................ Assigned SP Code ........................................................Date ..............................................................................  |
| * This form shall be filled and submitted to the Zanzibar e-Government Agency.
 |

 |