**THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**ZANZIBAR e – GOVERNMENT AUTHORITY**



ZANZIBAR GOVERNMENT ELECTRIONIC PAYMENT GATEWAY (ZanMalipo)

SERVICE PROVIDER (SP) USER REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SECTION A: INSTITUTION INFORMATION** |
| **MINISTRY/DEPT/AGENCY/LGA 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: USER INFORMATION ( To be filled in by Prospected ZanMalipo** User ) |
| Full Name: (First, Middle & Last) |  |
| Payroll No: |  |
| Mobile Phone: |  |
| Email: |  |
| Job Title/Designation: |  |
| Department/Sub vote: |  |
| 1. **Requested Role :( Tick**( √ ) **Most appropriate Role)**
 |
| Payment Manager:  | □ |
| SP Manager:  | □ |
| SP Bill Manager:  | □ |
| SP Report:  | □ |
| SP Customer Service:  | □ |
| SP Disburser:  | □ |
|  SP Executive | □ |
| 1. **Requested Action: (Tick**( √ ) **Most appropriate Role)**

 **Requested Action**: Create New User □ Block Existing User □ Modify Existing User □ Requestor’s Signature: ....................................................Date: ......................................................................... |
|  **SECTION C: MANAGEMENT APPROVAL**: (To be filled and stamped by Employer /Accounting Officer) |
| *I declare that the above named requestor is an employee in our Institution/Organisation and is eligible/not eligible for ZanMalipo system access.*Name: ........................................................... Signature: ....................................... Date: ...............................................................**Note:**This form shall be;* Filled by the requestor,
* Approved, signed and stamped by the Employer.
* This form shall be filled and submitted to the Zanzibar e-Government Agency
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| **SECTION D: FOR SP ADMINISTRATOR USE ONLY.** |
| 1. Assigned Username .....................................................
2. Role Granted/Given Role .....................................................
3. Date Created .....................................................
4. Created by: Name .....................................................

 Signature .....................................................  Date .....................................................  |

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