**THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**ZANZIBAR e – GOVERNMENT AUTHORITY**



ZANZIBAR GOVERNMENT ELECTRIONIC PAYMENT GATEWAY (ZanMalipo)   
ZanMalipo USER REGISTRATION FORM

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| |  |  |  |  | | --- | --- | --- | --- | | **SECTION A: INSTITUTION INFORMATION** | | | | | **MINISTRY/DEPT/AGENCY/LGA/RAS 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) |  | | | | Payrol No: |  | | | | Mobile Phone: |  | | | | Email: |  | | | | Job Title/Designation: |  | | | | Department/Sub vote: |  | | | |  | | | | | 1. **Requested Role :(Tick**( √ ) **Most appropriate Role )** | | | | | SP Administrator: | | □ | | | ZanMalipo Support: | | □ | | | ZanMalipo Administrator: | | □ | | | ZanMalipo Database Administrator: | | □ | | | ZanMalipo Production Environment: | | □ | | | ZanMalipo Development Environment: | | □ | | | ZanMalipo Test Environment: | | □ | | | ZanMalipo Training Environment: | | □ | | | ZanMalipo AUDIT Environment: | | □ | | | ZanMalipo Executive Dashboard: | | □ | | | ZanMalipo Reconciliation: | | □ | | | ZanMalipo Report User: | | □ | | | ZanMalipo Manager: | | □ | | | 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. | | | | | **SECTION D: FOR ZanMalipo USE ONLY.** | | | | | 1. Assigned Username ................................................................................. 2. Role Granted/Given Role ....................................................................... 3. Date Created ..................................................................................... 4. Created by: Name ..............................................................................   Signature ......................................................................    Date ...................................................................   1. Assigned Username ..................................................................... 2. Role Granted/Given Role ...................................................................... 3. Date Created .................................................................... 4. Created by: Name ...................................................................   Signature ..................................................................    Date ................................................................. | | | | |