

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT



ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM

Reference Number: VOTE 8811

New

Modified

SECTION A: VENDOR INFORMATION (To be Filled in by prospective Vendor)

VENDOR FULL NAME	VENDOR ADDRESS	VENDOR CLASSIFICATION
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TANZANIA STANDARD
(NEWSPAPERS) LTD

P.O. Box: 9033
Street: MANDELA EXPRESS HWY
Region: DAR-ES-SALAAM
Mobile: +255 7 32923559

Employee

Supplier

Tax Identification Number (TIN)/Cheque Number

Local Government Authority (For Example City Council)

DAR ES SALAAM CITY COUNCIL

Vendor Bank Details

Bank Name	NATIONAL BANK OF COMMERCE	
Account Name	TANZANIA STANDARD (NEWSPAPERS) LTD .	
Bank Account Number	011103002340	
Branch	CORPORATE	
Branch Location	SOKOINE / AZIKIWE STREET	
Branch Code (BIC Number)	11	
Account Type	Saving <input type="checkbox"/>	Current <input checked="" type="checkbox"/>

Vendor's Signature :

WLM

Date:

28-11-2016



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SECTION B: VENDOR'S BANK MANAGER CERTIFICATION (To be filled by Vendor's Bank Branch Manager)

Name: Shella Nambani
Designation: NBC LIMITED
Corporate Branch 671511, D'Salaam
Signature: [Signature]
Date: 01/12/2016

SECTION C: MANAGEMENT APPROVAL (To be filled by officer responsible for approving vendors)

CT/MT/DT	CD/MD/DED
Name _____	Name _____
Designation _____	Designation _____
Signature: _____	Signature: _____
Date: _____	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 LGA, duplicate to Vendor's Bank and triplicate to be retained by Vendor.

NBC LIMITED
CUSTOMER SERVICES
01 DEC 2016
02
DEPARTMENT
Corporate Branch 671511, D'Salaam