



ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM

Reference Number: VOTE 813151  New  Modified

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

VENDOR FULL NAME	VENDOR ADDRESS	VENDOR CLASSIFICATION
	P.O. Box: Street: Region: Mobile:	Employee <input type="checkbox"/> Other <input type="checkbox"/> Supplier <input type="checkbox"/>

Tax Identification Number (TIN)/ Check Number	
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Local Government Authority ( For Example City Council)	Meatu District Council
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Vendor Bank Details

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: \_\_\_\_\_

