



ELECTRONIC PAYMENT SYSTEM VENDOR REGISTRATION FORM

Reference Number: \_\_\_\_\_

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

Supplier

Tax Identification Number (TIN)/Cheque Number

Local Government Authority ( For Example City Council)

Vendor Bank Details

Bank Name

Account Name

Bank Account Number

Branch

Branch Location

Branch Code (BIC Number)

Account Type

Saving

Current

Vendor's Signature \_\_\_\_\_

Date \_\_\_\_\_