

**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF FINANCE AND PLANNING**



GOVERNMENT e - PAYMENT GATEWAY (GePG)

SERVICE PROVIDER REGISTRATION FORM

SECTION A: INSTITUTION INFORMATION

MINISTRY/DEPT/AGENCY/LGA/RAS INFORMATION	ADDRESS
Name:	P.O.BOX:
Short Name:	Street:
CODE:	Region:
	Tel:
	Fax:

SECTION B: REVENUE COLLECT ACCOUNT DETAILS

Account Name	Account Number	Bank Name	Branch	Currency
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

SECTION C: REVENUE COLLECTION CENTERS

Center Name	Region	District
1.		
2.		
3.		
4.		

SECTION D: REVENUE SOURCES BUDGET

GFS Code	Source Name	Annual Target in T.Shs.

SECTION E: MANAGEMENT APPROVAL: (To be filled by Accounting Officer)

I declare that the above filled information are collect and shall be used in registering our Institution to GePG system.

Name: Signature.....

Date:.....

Note:

This form shall be;

- Filled by the Government Services Provider,
- Approved, signed and stamped by the Accounting Officer.
- This form shall be filled and submitted to the Ministry of Finance and Planning - Financial Information System Management Department.

CONTINUATION OF SECTION C: REVENUE COLLECTION CENTERS

Center Name	Region	District
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CONTINUATION OF SECTION E: MANAGEMENT APPROVAL: (To be filled by Accounting Officer)

I declare that the above filled information are collect and shall be used in registering our Institution to GePG system.

Name: Signature.....

Date:.....

