



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 <input type="checkbox"/> Supplier <input type="checkbox"/>

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 <input type="checkbox"/> <span style="margin-left: 200px;">Current <input type="checkbox"/></span>

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

Date: \_\_\_\_\_



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

Name: \_\_\_\_\_

Designation \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**DAHRM/AASCT/MT/DT**

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.