



MUSE ELECTRONIC PAYMENT SYSTEM PAYEE REGISTRATION FORM

Reference Number: 3040

New

Modified

SECTION A: PAYEE INFORMATION (To be Filled in by prospective Payee )

PAYEE FULL NAME	PAYEE ADDRESS	PAYEE 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)

MBEYA DISTRICT COUNCIL

**Payee 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"/>

Payee's Signature : \_\_\_\_\_

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



MUSE ELECTRONIC PAYMENT SYSTEM PAYEE REGISTRATION FORM

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

Name: \_\_\_\_\_  
Designation \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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

**DAHRM/AAS**

**CT/MT/DT**

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Signature: \_\_\_\_\_  
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 payee's Bank and triplicate to be retained by payee