**THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**ZANZIBAR e – GOVERNMENT AGENCY**



ZANZIBAR GOVERNMENT ELECTRIONIC PAYMENT GATEWAY (ZanMalipo)

SERVICE PROVIDER (SP) USER REGISTRATION FORM

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SECTION A: INSTITUTION INFORMATION** | | | | | | **MINISTRY/DEPT/AGENCY/LGA INFORMATION** | | | | **ADDRESS** | | Name of Institution (Service Provider):  Vote Code/TR No:  Short Name:  Parent Ministry Name: | | | 1. O. BOX:   Street:  District:  Region:  Tel:  Fax**:**  **Email:** | | |  | | | | | | **SECTION B: USER INFORMATION ( To be filled in by Prospected ZanMalipo** User ) | | | | | | Full Name: (First, Middle & Last) |  | | | | | Payroll No: |  | | | | | Mobile Phone: |  | | | | | Email: |  | | | | | Job Title/Designation: |  | | | | | Department/Sub vote: |  | | | | | 1. **Requested Role :( Tick**( √ ) **Most appropriate Role)** | | | | | | Payment Manager: | | □ | | | | SP Manager: | | □ | | | | SP Bill Manager: | | □ | | | | SP Report: | | □ | | | | SP Customer Service: | | □ | | | | SP Disburser: | | □ | | | | SP Executive | | □ | | | | 1. **Requested Action: (Tick**( √ ) **Most appropriate Role)**     **Requested Action**: Create New User □ Block Existing User □ Modify Existing User □  Requestor’s Signature: ....................................................  Date: ......................................................................... | | | | | | **SECTION C: MANAGEMENT APPROVAL**: (To be filled and stamped by Employer /Accounting Officer) | | | | | | *I declare that the above named requestor is an employee in our Institution/Organisation and is eligible/not eligible for ZanMalipo system access.*  Name: ........................................................... Signature: .......................................  Date: ...............................................................  **Note:**  This form shall be;   * Filled by the requestor, * Approved, signed and stamped by the Employer. * This form shall be filled and submitted to the Zanzibar e-Government Agency | | | | | | **SECTION D: FOR SP ADMINISTRATOR USE ONLY.** | | | | | | 1. Assigned Username ..................................................... 2. Role Granted/Given Role ..................................................... 3. Date Created ..................................................... 4. Created by: Name .....................................................   Signature .....................................................  Date ..................................................... | | | | | |