**THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**ZANZIBAR e – GOVERNMENT AGENCY**



ZANZIBAR GOVERNMENT ELECTRIONIC PAYMENT GATEWAY (ZanMalipo)
ZanMalipo USER REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SECTION A: INSTITUTION INFORMATION** |
| **MINISTRY/DEPT/AGENCY/LGA/RAS 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) |  |
| Payrol No: |  |
| Mobile Phone: |  |
| Email: |  |
| Job Title/Designation: |  |
| Department/Sub vote: |  |
|  |
| 1. **Requested Role :(Tick**( √ ) **Most appropriate Role )**
 |
| SP Administrator:  | □ |
| ZanMalipo Support:  | □ |
| ZanMalipo Administrator:  | □ |
| ZanMalipo Database Administrator:  | □ |
| ZanMalipo Production Environment:  | □ |
| ZanMalipo Development Environment:  | □ |
| ZanMalipo Test Environment:  | □ |
| ZanMalipo Training Environment: | □ |
|  ZanMalipo AUDIT Environment: | □ |
| ZanMalipo Executive Dashboard:  | □ |
| ZanMalipo Reconciliation:  | □ |
| ZanMalipo Report User: | □ |
| ZanMalipo Manager:  | □ |
|   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.
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| **SECTION D: FOR ZanMalipo USE ONLY.** |
| 1. Assigned Username .................................................................................
2. Role Granted/Given Role .......................................................................
3. Date Created .....................................................................................
4. Created by: Name ..............................................................................

 Signature ......................................................................   Date ................................................................... 1. Assigned Username .....................................................................
2. Role Granted/Given Role ......................................................................
3. Date Created ....................................................................
4. Created by: Name ...................................................................

 Signature ..................................................................   Date .................................................................  |

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