


PAYEE REGISTRATION FORM (To be Filled in by prospective Payee)
SECTION A: PAYEE DETAILS

(TIN/ Check Number/PF No):

Name:

Address
P.O. Box:
Street:
Region:
Mobile:
Email:

Classification: Employee Utility
Contractor Consultant
Supplier Other
Government institution

SECTION B: PAYEE BANK DETAILS

Bank Name

Account Name

Bank Account Number

Branch Location

Account Type

Saving Current

I hereby declare, that all of the information I have provided is complete and correct

Payee Signature : _____

Date: _____

SECTION C: FOR OFFICIAL USE ONLY

Created By : _____

Approved By : _____

Date: _____

Date: : _____

Institution Name: _____

NB:

1. This form must be filled by either a company, A Government institution or an individual
2. This form must be stamped if payee is a company or a Government institution