THE UNITED REPUBLIC OF TANZANIA MINISTRY OF FINANCE AND PLANNING



GOVERNMENT e - PAYMENT GATEWAY (GePG)

HELP DESK USER REGISTRATION FORM

SECTION A: ORIGINATED INSTITUTION INFO	RMATION			
NAME OF SERVICE PROVIDERS	ADDRESS			
(SP)/PAYMENT SERVICE PROVIDERS (PSP).		_		
	P.O.BOX:			
	Street:			
	Region:			
	Tel:			
	Fax:			
	E-mail:			
SECTION B: USER INFORMATION (To be fi	lled in by Prospe	cted GePG Help Desk User)		
Tittle (Mr, Mrs, Miss, etc.)				
Full Name: (First, Middle & Last)				
Job Title/Designation:				
Email				
Mobile Phone:				
Phone				
Fax				
Street				
City/Town				
Requested Action: (Tick(✓) Most	appropriate Act	ion)		
		·		
Requested Action: Create New User □	Block Existing Use	er □ Modify Existing User □		
Requestor's Signature:				
requestor s signature.				
Date:				
SECTION C: MANAGEMENT APPROVAL: (To be filled and stamped by Employer /Accounting				
Officer/Supervisors)				
,				
I declare that the above named requestor is an employee in our Institution/Organisation and is				
eligible/not eligible for GePG Help Desk system access.				
Name: Signature				
Date:				

Note:			
This for		gned and star all be filled a	mped by the Employer. nd submitted to the Ministry of Finance and Planning - Financial Information System
SECTION	N D: FOR GePG	USE ONLY.	
1.	1. Assigned Username		
2.	. Role Granted/Given Role		
3.	. Date Created:		
4.	Created by:	Name	
		Signature	
		Date	