



MINISTRY OF FINANCE
AND ECONOMIC PLANNING
P.O.BOX: 158 KIGALI

GoR SMARTFMS: SUPPLIER REGISTRATION REQUEST FORM

I. SUPPLIER DETAILS

Company Name: *
Supplier Names: *
TIN Number: *
Phone Number: *
Email Address: *
Country Name: *

II. BANK INFORMATION

Bank Name: *
Account Number: *
Bank Currency: *
SWIFT Code: *
(Required for foreign banks)
IBAN: *
(Required for foreign banks)
Bank Address: *
Approval from Bank: * (Bank Manager Names)
(Signature & Stamp)

III. BUDGET ENTITY SIGNATORY

Entity Name: *
Approved by: * (Names)
(Position)
(Sign & Stamp)

Nota:

1. All fields marked with asterisk (*) are required and should be filled in **CAPITAL LETTERS**.
2. The form must be downloaded, signed, scanned and uploaded as pdf file on the MINECOFIN website.
3. Signature and stamp respectively from the Bank and Budget Agencies are mandatory.