



GoR SMARTFMS: SUPPLIER REGISTRATION REQUEST FORM

I. SUPPLIER DETAILS

Company Name: *
 Supplier Names: * IRAKOZE Blaise
 TIN Number: * 121510110
 Phone Number: * 0788211579
 Email Address: * blaiseirakoze50@gmail.com
 Country Name: * Rwanda

II. BANK INFORMATION

Bank Name: * GT Bank
 Account Number: * 228195130151070
 Bank Currency: * RWF
 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.