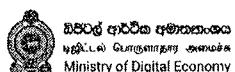


GovPay – Government Digital Payment Platform

GOVERNMENT ORGANIATION REGISTRATION FORM



Your Trusted
Payment Network



1. Organization Details

Organization Name	Divisional Secretariat Porativupattu		
Organization Address	MAIN STREET, VELLAVELY, BATTICALOA		
Organization Telephone Number	0652056114		
Organization E-mail Address	acctdsppv@gmail.com		
Primary Contact	Name	T.AMBIGAPATHY	
	Contact Number	0773068517	
	Email Address	ambitheepa@gmail.com	

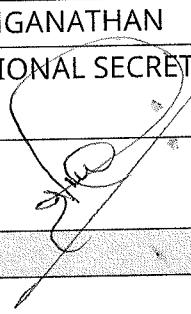
2. Service Details

Service Name	Reference Number Format to Identify the Payment	Bank Name	Account Number
Exam Fees	EXAM NAME	Peoples Bank	190100190000990

3. User Details

Name	Contact Number	Email Address	Designation	User ID (To be filled by LankaPay)
SATHIYA NIRANSHAN	0750327020	acctdsppv@gmail.com	DEVELOPMENT OFFICER	

4. Organization Approving Authority (Rubber Stamp required) - S6TL7

Authorizing Officer's Name	S.RANGANATHAN										
Authorizing Officer's Designation	DIVISIONAL SECRETARY										
Authorizing Officer's Signature	 S. RANGANATHAN Divisional Secretary Divisional Secretariat Porativupattu Vellavely										
Date	1	2	3	4	5	6	7	8	9	10	11

3. To be Filled by LankaPay Operations Department

Institution Maintenance	
Institution ID Allocated	
Input by	Approved by

Service(s) Maintenance	
Input by	Approved by

User Maintenance	
Input by	Approved by