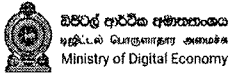


GovPay – Government Digital Payment Platform

GOVERNMENT ORGANISATION REGISTRATION FORM

LCPL FORM NO. 80-E
v.2.0Your 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) - FCM36

Authorizing Officer's Name	T.AMBIGAPATHY
Authorizing Officer's Designation	ACCOUNTANT
Authorizing Officer's Signature	
Date	2024/02/25

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