

EFT/S/001

Supplier EFT Payment Details Form
(Please refer to Pg 2 for instructions)

Vote:

Serial No: y y m m

Tick as appropriate: New: Change: Delete

A - Supplier Information (To be filled by Authorised supplier's representative)

Supplier Name:

Tin

VAT No:

Applicable withholding tax rate
(6% or 15%)

B - Bank Information:

Bank Name:

Branch:

Account Name:

Bank Code

Branch Code

Bank Account:

Currency: UGX

C - Authorised (Supplier's Representative)

Name _____ Title _____

Signature _____ Date _____

Email _____ Phone no: _____

D - Confirmed by Accounting Officer

Name _____ Title _____

Signature _____ Date _____

E - Received at Local Government by:

Name _____ Title _____

Signature _____ Date _____

F - Entered on the System by:

Supplier No:

Name _____ Title _____

Signature _____ Date _____