



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

GoR SMARTFMS: SUPPLIER REGISTRATION REQUEST FORM

I. SUPPLIER DETAILS

Company Name: * IMPACT VISION BUSINESS LTD

Supplier Names: * UZELIYIMANA Hyacinthe

TIN Number: * 111778415

Phone Number: * 0788691571

Email Address: * Kigali

Country Name: * Rwanda

II. BANK INFORMATION

Bank Name: * BANK OF KIGALI

Account Number: * 0002650777463112

Bank Currency: * FRW

SWIFT Code: * BKIGRIRW
(Required for foreign banks)

IBAN: * RW80040100034154972040
(Required for foreign banks)

Bank Address: * BOA KIGALI

Approval from Bank: *
 (Bank Manager Names) Armande Zlaunde
 (Signature & Stamp) [Signature]



III. BUDGET ENTITY SIGNATORY

Entity Name: * _____

Approved by: *
 (Names) _____
 (Position) _____
 (Sign & Stamp) _____

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