

COUNTY GOVERNMENT OF LAIKIPIA



COUNTY TREASURY
P.O. BOX 1271-10400
NANYUKI

SUPPLIER INFORMATION FOR EFT TRANSACTIONS (IFMIS)

FULL NAME:

NAME OF THE BUSINESS:

NAME OF THE STREET/ROAD: -----

CONTACT PERSON:

PHONE NO:

ADDRESS:.....EMAIL DDRESS.....

PIN NO:

(Please attach a copy of tax compliance certificate).

COMPANY REG. NO:

(Please attach a copy of certificate of incorporation).

BANK NAME:

BRANCH:

ACCOUNT NO:

(Please attach a copy of bank account card).

ACCOUNT NAME:

IFMIS No: (MANDATORY)

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SUPPLIER SIGNATURE & STAMP:

DATE: