THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR THE OFFICE OF TREASURY REGISTRAR



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ZIBAR

9 Gymkhana Road, 71102 Urban West Kikwajuni - Zanzibar

PSC/MI REGISTRATION FORM FOR OTRMIS

	TR No	• • • • • • • • • • • • • •
SECTION A: BASIC INFORMATION		
Name of the Institution		
Establishment Act and Year:		
Establishment Order:		
By House of Representative Act	BPRA O	ther
GN Number:	% Government Ownership.	
Email Address:	Phone Number:	
Postal Address:	Region:	
District:		
Parent Ministry:		
		<u> </u>
Sector:		
Sub Cluster:		
Classification:	Regulator:	
SECTION B: FINANCIAL INFORMATION		
Operation Nature		
Commercial	Non-Commercial	
Capital Nature:		
Special Fund Capital Grants	Capital Shares	
Government Funds		

Reporting Period:
July-June January – December
Reporting Template
IPSAS IFRS SSF BANKS
Government Funding:
Personal Emolument (PE) Other charges (OC) Development (DEV)
SECTION C: BOARD INFORMATION
Board Type:
Board of Directors Ministerial Advisory Board (MAB)
Council Tume
Position of CEO in Board (leader of the Board):
Chairperson Member Vice Chairperson Secretary
Board Quorum: Members Max. Number:
Age Limit: Tenure (Years):
Number of Terms: Number of Board Committee:
SECTION D: MANAGEMENT APPROVAL : (To be filled and stamped by Accounting Officer)
I declare that the above filled information are correct and shall be used in registering our Institution to OTRMIS system.
Name:
Signature
Date:

SECTION E: FOR OTR USE ONLY.

1. Institution Creation Authorized by: Name			
	Signature:		
	Date:		
2. Created by:	Name:		
	Signature:		
	TR No:		
	Date:		

• This form shall be filled and submitted to the Office of the Treasury Registrar.

