



E-PAYMENT APPLICATION FORM

STAKEHOLDER INFORMATION	
TYPE (CHOOSE ONLY ONE)	<input type="checkbox"/> COMPANY <input type="checkbox"/> DECLARANT <input type="checkbox"/> INDIVIDUAL
CODE (TIN FOR COMPANIES AND DECLARANTS, NIN FOR INDIVIDUALS)	
NAME	
BILLING ADDRESS	
ADDRESS 1	
CITY	
COUNTRY	
CONTACT INFORMATION	
WHATSAPP NUMBER	
EMAIL ADDRESS	
E-PAYMENT BEHAVIOUR	
E-PAYMENT CONFIGURATION (CHOOSE ONLY ONE)	<input type="checkbox"/> ALWAYS <input type="checkbox"/> PER DECLARATION
APPLICANT INFORMATION	
DATE	
NAME	
SIGNATURE	

NOTE:

- All fields are mandatory
- Submit the completed application to the CVO Unit
- Once registration is completed you will receive an email and a notification and a notification on WhatsApp for confirmation.