



Eateries Registration Form

Manager's Information

Name	
Address	
City	
Phone	
Email	

Eatery Information

Eatery Name	
Branch Name	
Physical Address	
City	
Work Phone / Fax	
Work Email	

Banking Details

Bank Name	
Branch Code	
Account No:	
MoMo	
e-Mali	

Please fill in the below:

Opening Time Closing Time

1. Do you have seat in? Yes No

2. Do you do deliveries? Yes No

Signature: _____

Date: ____/____/____