

Form Version | Release: 0.0012-2025

Applied Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ref N°: \_\_\_\_\_

## LTGS AGENT PROFILE MODIFICATION APPLICATION FORM

### 1. PERSONAL INFORMATION DETAILS

#### 1.1. Identification

First Name: ..... Middle Name: ..... Last Name: .....

Gender: ☐ Male ☐ Female      Marital Status: .....      Date of Birth: ...../...../.....

National ID N°: 

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#### 1.2. Residence Address (Modification Request)

##### Current Address:

Nationality: ..... Province: ..... District: .....

Sector: ..... Cell: ..... Village: .....

##### New Address:

Nationality: ..... Province: ..... District: .....

Sector: ..... Cell: ..... Village: .....

#### 1.3. Personal Contact Details (Modification Request)

##### Current Contacts:

Primary Phone No: 

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Email Address: .....

**Primary Phone No:**

## 2. BUSINESS INFORMATION MODIFICATION (If Applicable)

LTGS Agent ID: 

									<b>PR</b>
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Business Name : .....

Business Category: ☐ Individual ☐ Domestic Company ☐ Subsidiary ☐ Cooperative

Business Registration No/TIN:									
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Country :..... Province :..... District :.....  
Sector :..... Cell :..... Village :.....

Business Registration Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Matricule N°/RSSB (if applicable) : .....

Business Name : .....

Business Category: ☐ Individual ☐ Domestic Company ☐ Subsidiary ☐ Cooperative

Business Registration No/TIN:									
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Country : ..... Province : ..... District : .....  
Sector : ..... Cell : ..... Village : .....

Business Registration Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Matricule N°/RSSB (if applicable) : .....

3. BANKING INFORMATION MODIFICATION (If Applicable)

3.1. Bank Account Information (Commission)

Current Account:

#	Bank Account No	Bank Account Holder Name	Bank Name
1			

New Account:

#	Bank Account No	Bank Account Holder Name	Bank Name
1			

4. REASON FOR MODIFICATION

- ☐ Personal Information Update
- ☐ Contact Details Update
- ☐ Business Information Update
- ☐ Banking Information Update
- ☐ Other (Specify): .....

5. CONFIRMATION OF MODIFICATION REQUEST

I, ....., confirm my request for modification of my LTGS Agent Profile. I understand that all changes will be reviewed and must be approved by LTGS Rwanda Plc before taking effect.

AGENT FULL NAMES	SIGNED DATE	SIGNATURE
	____/____/____	

**DISCLAIMER: ONLY LTGS ADMINISTRATOR / APPROVAL STAFF**

Phase Name	Staff Destination	Staff Officer's Name	Received Date	Signature & Stamp
REGISTRY & FOLLOW-UP	District Registrar Officer/Provincial Registrar Officer			
FINAL APPROVAL	LTGS Agents Team Network Manager			

**Approval Comments:**  
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