

Form Version | Release: 0.0014-2025

Applied Date : ____/____/____
Call-Phase N°: ____/ Year: ____

LTGS SUB-AGENT (CONNECTOR) REGISTRATION APPLICATION FORM

1. PERSONAL INFORMATION DETAILS

1.1. Identification

Frist Name : Middle Name : Last Name :

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

National ID N°:

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1.2. Residence Address

Nationality : Province : District :

Sector : Cell : Village :

1.3. Person Contact Details

Primary Phone No:

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Email Address :

1.4. Emergency Contact Person

Frist Name : Middle Name: Last Name :

Relationship :

Phone No:

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Email Address :

Nationality: Province: District:

Sector: Cell: Village:

2. AFFILIATED AGENT INFORMATION

2.1.Primary Agent Details:

LTGS Agent ID:

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Primary Agent Name:

Registry Facility Name:

Business Name (if applicable):

Business Registration No/TIN:

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Country :..... Province :..... District :.....

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

2.2.Sub-Agent (Connector) Business Details:

Business Name (if applicable):

Business Physical Address

Country :..... Province :..... District :.....

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

3. TERMS AND CONDITIONS FOR REGISTRATION

The LTGS Sub-Agent (Connector) operates under the governance of the LTGS Agents Team Network. By submitting this application, the sub-agent agrees to:

- 1. Maintain affiliation under the designated LTGS Primary Agent.
- 2. Comply with LTGS policies and operational guidelines.
- 3. Accept responsibility for all transactions conducted under their sub-agent account.
- 4. Undergo the necessary verification process before approval.

Upon successful approval, the sub-agent will receive an official LTGS Sub-Agent ID and access credentials to operate within the Imboni Agent System.

4. CONFIRMATION OF REGISTRATION REQUEST

I, confirm my request for registration as an LTGS Sub-Agent (Connector). I understand and agree to comply with the LTGS Rwanda Plc policies and regulations governing sub-agents and LTGS Agents Team Network.

AGENT FULL NAMES	SIGNED DATE	SIGNATURE
	___/___/___	

DISCLAIMER: ONLY LTGS ADMINISTRATOR / APPROVAL STAFF

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

Approval Comments:

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