



FGN e-Collection Scheme MDA Revenue Classification Form

A. MDA INFORMATION:

MDA Name (In full): _____

MDA FIRS/ JTB TIN: _____

MDA Preferred Short Name Code (e.g. NNPC, FIRS etc): _____

MDA Physical Address: _____
(Not P.O. Box)

B. REVENUE INFORMATION

S/N	REVENUE TYPE/ NAME (TENDER FEE, FINE ETC.)	REVENUE CODE (IF ANY)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

NOTE:

1. Please complete form in Capital Letters.
2. If you have additional revenue types, please include in another sheet and attach to the form.
3. Please return completed form accompanied by a covering letter of the MDA signed by the Chief Executive Officer to Director, Funds Department, Office of the Accountant General of the Federation, Treasury House, Garki, Abuja.

AUTHORIZATION	
MDA Name	
Authorizing Officer's Name	
Designation	
Signature	
Date	