



TITLE: INTERNET BANDWIDTH REQUEST FORM

CODE: eGA/INT/FOM/136

1. INSTITUTION DETAILS

- ❖ Institution Name: _____
- ❖ Institution Address: _____
- ❖ Contact Person Name: _____
- ❖ Contact Number: _____
- ❖ Email Address: _____

2. REQUEST TYPE

Select the type of your request:

- [☐] New Bandwidth Request
- [☐] Bandwidth Upgrade (Current Bandwidth: _____ Mbps)
- [☐] Temporary Bandwidth Upgrade for Special Event (*Please specify event details and duration*)

3. BANDWIDTH REQUIREMENTS

- ❖ Requested Bandwidth: _____ Mbps
- ❖ Estimated Number of Users / Devices: _____
- ❖ Total Monthly Cost: 30,000 TZS per 1Mbps (excluding VAT):
_____TZS

4. TERMS & CONDITIONS

- ❖ The minimum bandwidth subscription is 10Mbps.

- ❖ The institution shall pay 30,000 TZS per 1Mbps per month, exclusive of VAT.

5. AUTHORIZATION

I, the undersigned, confirm that the details provided above are accurate and that I have the necessary authority to request internet services on behalf of the institution.

Name: _____ Designation: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Application Received By: _____

Date Received: // _____

Approval Status: ☒ Approved ☐ Not Approved

Remarks: _____

Authorized By: _____

Signature: _____

Date: // _____