

STANDING ORDER INSTRUCTION FORM

To the Manager,
African Banking Corporation Ltd,
.....Branch.

Date.....

Dear sir/Madam,

I/We desire to make a payment of ksh/Usd:
(Amount in words)from my
account number..... held at ABC Bank, Branch
on the.....day of each..... commencing.....

Please effect the standing order to the beneficiary details below.

NAME:.....

BANK:.....

BRANCH:.....

A/C NUMBER:.....

I/We understand that the payments will not be made unless my/our account(s) has sufficient funds on the date of payment and that this order shall be considered cancelled if payment cannot be made on three (3) consecutive dates of payment because of inadequate funds availability.

No responsibility shall attach to you for failure of a remittance to reach its destination, or for any loss or damage occasioned through a payment not reaching the payee on the arranged date, whether such delay shall be due to negligence on the part of the Bank's servant or otherwise.

In the event of any payment (s) being made in accordance with this order for which I/We do not have sufficient funds in my/our account I/we shall refund to you upon application, the amount(s) thereof, plus charges.

Yours faithfully;

Name Signature.....

Name Signature.....

Important: INSTRUCTIONS TO CANCEL OR VARY THE ABOVE PAYMENT MUST BE GIVEN IN WRITING AND LODGED WITH THE BANK IN SUFFICIENT TIME FOR THE PAYING AGENT TO BE ADVISED BEFORE THE NEXT PAYMENT IS DUE

For Official Use.

Authorized by: