



**SECTION B: DEBIT CARD APPLICATION (NOT AVAILABLE ON SAVINGS OR FIXED DEPOSIT ACCOUNTS )**

**PLEASE ISSUE DEBIT CARD**

YES  NO CURRENCY \_\_\_\_\_

**SECTION C: CHEQUE BOOK APPLICATION (NOT AVAILABLE ON SAVINGS OR FIXED DEPOSIT ACCOUNTS )**

Please tick Number of Leaves  25 Leaves  50 Leaves  100 Leaves

**SECTION D: INTERNET BANKING APPLICATION**

Would you like to register for internet banking?  Yes  No

**(If yes, proceed and download ABConnect App from playstore or Appstore for sign up.)**

**TRANSACTION LIMIT**

Please indicate your preferred daily transfer limit

Payment Type	Daily limit amount
Internal transfers, transfer to other local banks and International transfers	
Bulk transfers i.e. RTGS, Transfer to Other ABC accounts and Mpesa	
Service payments i.e. bill payments, Mpesa, pesalink and KRA payments	

Link this account to my existing internet banking username  YES  NO

**Maximum Daily Transfer Limit Kes** \_\_\_\_\_

**SMS/EMAIL ALERTS**

**Do you wish to receive SMS alerts?**

YES  NO

**Do you wish to receive email alerts?**

YES  NO

Alerts for account debits are mandatory for all accounts. Indicate the preferred mobile number or email address to receive the alerts.

Note: only one mobile number / email can be used)

Preferred Email Address: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

**E-STATEMENTS**

**Kindly indicate your preferred frequency of receipt**

Daily  Fortnightly  Weekly  Monthly  Quarterly  Half yearly  Yearly

**SECTION F: ADDITIONAL DETAILS FOR:**

**YOUNGSTAR ACCOUNT (AVAILABLE FOR MINORS ONLY)**

Name of the Child \_\_\_\_\_ Date of Birth:           Relationship: \_\_\_\_\_

Birth Certificate Number:

**SECTION G: CUSTOMER DECLARATION**

AFFIX PHOTO HERE

I confirm that the information given above is true to the best of my knowledge. By signing on this form I request you to open an account in my name. I agree that I have read, understood and accepted the terms and conditions of this account, and have retained a copy, and agree to be bound by them.

Signature

(Signed in the presence of Bank's official)

Date:

Signature

(witnessed by)

Date:

Mode of signing (if joint)

Any to sign

Both to sign

all to sign

## NEXT OF KIN DETAILS

S/N	Name of Next of Kin	I.D Card /Birth Certificate/ Notification Number (Attach Copy)	Relationship	% Percentage given	Mobile Contact	Email Address
1						
2						

## INDEMNITY FORM FOR INSTRUCTIONS RECEIVED BY EMAIL

To the Manager,

African Banking Corporation Ltd,

Dear Sir/Madam,

Re: Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

In consideration of you agreeing to act on instructions from me/us from time to time by email ("the Instructions") for the operations of all my/our account/s with you without requiring written bearing actual signatures in accordance with the Mandate for such account(s) before acting on the Instructions. I/we confirm:

1. You are hereby authorized to act on the Instructions which you in your sole discretion believe emanate from authorized individuals.
2. You are not obligated to act on any instructions that claim to come from me/our email.
3. You shall not be under any duty to verify the identity of the person or persons giving Instructions purportedly in my/our name and any transaction made pursuant to Instructions shall be binding upon me/us whether made with or without my/our authority, knowledge or consent.
4. You are required to act on instructions which have been received from my/our email address \_\_\_\_\_ to your email address talk2us@abcthebank.com or \_\_\_\_\_
5. I/We further hereby hold myself/ourselves jointly and severally responsible and further undertake that I/we will at all times hereafter well and sufficiently indemnify you and keep you indemnified at all times from and against all liabilities in respect thereof and against all action suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against you or incurred or become payable by you as a result of you acting and or failing to act in accordance with the instructions as aforementioned.
6. I/we hereby agree to adhere to procedures and/or restrictions imposed by you with regard to issuance of email instructions to the bank.

Yours faithfully,

\_\_\_\_\_  
Authorized Signature(s) as per mandate

Name of Account Holder: \_\_\_\_\_

Account No: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_

### Data Protection Privacy Notice

The information that you input here shall be retained by us strictly for our own use in line with the Data Protection Act No. 24 of 2019, our Privacy Policy and the Privacy Notice and you consent to the application of the Data Protection Act No. 24 of 2019 and the Bank's Privacy Policy and the Privacy Notice to all information provided to the Bank. This Privacy Notice may be updated from time to time and the most recent version can be found on our website or with our customer care representative. If you would like any further information contact our Data Protection Officer or kindly contact us at ABC Bank House, Woodvale Grove, Westlands, P. O. Box 38610 – 00800, Nairobi addressed 'for the attention of the DPO'.

### TO AFRICAN BANKING CORPORATION LIMITED CERTIFICATE OF CONFIRMATION

I/We have read the [General Terms and Conditions Document](#) covering Banking with African Banking Corporation Limited and confirm that I/we have understood the same. I/We also agree to be bound by the General Terms and Conditions Document in all my/our dealings with you. Account holder(s) Directors/Partners/Office bearers to sign below..

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Above signatures were witnessed by:

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_