## African Banking Corporation Ltd



## SECOND LEVEL AUTHENTICATION CANCELLATION FORM

Date
To the Manager,
African Banking Corporation Ltd,
Branch
Account Name:
Account Number:
Dear Sir/Madam,
I/We, certify and affirm that I/we am/are the account holder(s) listed above. I/We am/are requesting that African Banking Corporation Limited ("the Bank") CANCEL my/our Second Level Authentication. I/We understand that once the Second Level Authentication is cancelled, the account will no longer by protected by this additional security. I/We agree that neither the Bank nor any of its affiliates shall be liable to me/us or any other party in any amount for any actions taken pursuant to this request. I/We hereby waive and release any and all claims related to this request asserted against the Bank or any of its affiliates. Additionally, I/We agree to defend, indemnify, and hold harmless the Bank and its affiliates for any loss, liability, damages or expense, including advocates fees, resulting from any third party claim, action or demand related to this request, this authorization, or any actions taken by the Bank in connection therewith. I/We understand that I/we remain bound by the terms and conditions governing the use of Internet Banking.
SIGNED, SEALED AND DELIVERED
By the Customer:
Name: Signature Signature
Name: Signature
Name: Signature
I CERTIFY that the above named
Advocate/Notary Public