

ACCOUNT CLOSURE FORM

Customer Name:.....

Customer Address:.....

Date:.....

Dear Sir / Madam,

I / We wish to close the following account(s)

Account No:

Account Name:

Signature 1)..... 2).....

3)..... 4).....

Reason for Account Closure :.....

.....
.....
.....

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 I 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'.

For official use only

Obtain ATM card from Customer

Obtain cheque Book from customer

Destroy unused cheque leaves in the system

Recover any uncollected charges

Sanction / Drawing limits / Guarantees removed

Delete Standing instruction in the system

Checklist

Branch:	Prepared by:	Authorized by:

Call back time/date:.....

Name:.....