

## NEXT OF KIN DETAILS FORM

Branch \_\_\_\_\_

Date \_\_\_\_\_

Account Name	
Account Number	
Applicants Full Names	
ID/Passport Number	
Mobile Number	
Email Address	

### 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	Postal Address	Email Address	Physical Address
1								
2								
3								
4								

**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’.

I hereby declare that all the information provided in this form is complete and correct and agree to indemnify the bank from and against any actions and suits proceedings whatsoever arising from any misleading information or omissions thereof.

**Customer’s Signature**

**FOR OFFICIAL USE ONLY**

<b>BRANCH STAFF</b>		<b>YES</b>	<b>NO</b>
Applicant positively identified, Valid identification documents obtained and authenticated as per procedure			
Photograph confirmed			
Mandated signatures confirmed			
Name of staff, Signature of staff and verify stamp			
<b>CBO STAFF</b>		<b>YES</b>	<b>NO</b>
Input done in the system			
Name of staff, Signature of staff and verify stamp			