

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 be 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.

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’.

SIGNED, SEALED AND DELIVERED

By the Customer:

Name:..... Signature.....

Name:..... Signature.....

Name:..... Signature.....

I CERTIFY that the above named..... the account holder(s) herein appeared before me on theday of 20.....

and being known to me/being identified by..... acknowledged the above signature(s) or mark(s) to be his/hers/theirs and that he/she/they had freely and voluntarily executed this form and understood its contents.

.....
Advocate/Notary Public