

STATEMENT REQUEST FORM

BRANCH DATE

Please issue a statement for my/ our below account(s)

Account Number

Account Name

1.

2.

3.

ORDINARY STATEMENT

INTERIM STATEMENT

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'.

Signature of Applicant (1) Signature of Applicant (2)

DATE

PERIOD

From To

Please note:

Interim statements charges are Kes 300 per sheet.

For official Bank use:

Charges recovered

DC NO

Signature