

CUSTOMER DEMISE REPORTING FORM

The Branch Manager ,

Date:

.....Branch.

Dear Sir / Madam,

I of ID Number (copy attached)
would like to report the demise of (Mr/Mrs/Ms/Mstr/Prof/Dr)
.....which occurred on at

.....
He/she was the holder of the following account(s) in your Bank.

.....;;;
.....;;;
My relationship with the deceased is

I have provided the following supporting document(s) Tick where applicable

Administration Grant Death Certificate Burial Permit /Death Notification

ABC Bank shall use the above information strictly for the purpose of managing the account of the deceased and related purposes. None of my personal details shall be published or shared unless I have expressly consented in writing.

RIGHT OF ERASURE & WITHDRAWAL OF CONSENT

This consent shall continue for a period of 2 years unless I (.....) otherwise revoke the said consent in which case efforts will be taken to erase and expunge the personal data from ABC Bank systems and records subject to the Central Bank of Kenya regulations.

DECLARATION

I declare the foregoing details to be true to the best of my knowledge & undertake to indemnify African Banking Corporation Limited in case of any loss. I have read the Bank's Data Protection Privacy Notice prior to my willful execution and hereby give my consent.

NAME **SIGNATURE** **DATE**

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'.

Verification of Information	<input type="checkbox"/>	<input type="checkbox"/>
Notify CBO for action (Debit freeze-sole and jointly operated mandate only)	<input type="checkbox"/>	<input type="checkbox"/>
Disabling of alerts& addition of pop up notification	<input type="checkbox"/>	<input type="checkbox"/>
Notify Card center to disable Debit card	<input type="checkbox"/>	<input type="checkbox"/>
Stop cheque Book in system (For sole and jointly operated mandate only)	<input type="checkbox"/>	<input type="checkbox"/>
Notify Channels Operations to Disable Internet Banking - (For sole and jointly operated mandate only)	<input type="checkbox"/>	<input type="checkbox"/>

Call back time/date: _____

Name: _____

	NAME	DESIGNATION	SIGNATURE	DATE
Prepared By	_____	_____	_____	_____
Authorized By	_____	_____	_____	_____
Verified By	_____	_____	_____	_____