

Signatory Introduction Static Data Form

NOTE: This form is for use by account holders intending to introduce new/additional signatories to their respective account(s). Authority to operate account is stipulated on the Board resolution/ Minutes or Extract of minutes/Third Party Mandate form as per Policy

Date:.....

Account Name:..... Branch.....

Account Number 1																	
Account Number 2																	
Account Number 3																	
Account Number 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'.

Director / Signatory Details

Name		ID/Passport No:		Photo
Mobile No:		KRA PIN No/ TIN(Foreigners)		
Postal Address		Physical/ Residential Address		
Email Address		Occupation		
Nationality		Specimen Signature		

Name		ID/Passport No:		Photo
Mobile No:		KRA PIN No/ TIN(Foreigners)		
Postal Address		Physical/ Residential Address		
Email Address		Occupation		
Nationality		Specimen Signature		

Name		ID/Passport No:		Photo
Mobile No:		KRA PIN No/ TIN(Foreigners)		
Postal Address		Physical/ Residential Address		
Email Address		Occupation		
Nationality		Specimen Signature		

Name		ID/Passport No:		Photo
Mobile No:		KRA PIN No/ TIN(Foreigners)		
Postal Address		Physical/ Residential Address		
Email Address		Occupation		
Nationality		Specimen Signature		

Name		ID/Passport No:		Photo
Mobile No:		KRA PIN No/ TIN(Foreigners)		
Postal Address		Physical/ Residential Address		
Email Address		Occupation		
Nationality		Specimen Signature		

FOR OFFICIAL USE ONLY

Receiving Officer's Name:	Designation:	Signature & Stamp:	Date:
Approving Officer's Name:	Designation:	Signature & Stamp:	Date:

CBO

Date	Nature of Activity	Executed by		Remarks	Verified by	
		Name	Sign		Name	Sign
	Customer ID Creation					
	Signature/Photo Capture					