

CONSENT FORM

Mr. / Miss / Dr.....

P.O Box

(Town)

Date

Dear Sir/Madam,

RE: CONSENT TO DISCLOSE FINANCIAL INFORMATION WITH THIRD PARTIES

You provide information that we collect and use to offer financial services and also assist you to meet obligations of others in the financial services chain. This information includes but not limited to details such as: your name, address, business name, contact details and financial information. We need your consent to release information that may be required at your behest by third parties who may request for your data through certificates of balance, opinion and audit letters, letters addressed to, 'whom it may concern' among others.

I/We hereby consent that you may share the data as requested by in their letter addressed to the Bank dated..... I/We will hold you harmless and hereby indemnify the Bank from any liability that may arise, as a result of sharing the data from the requested account(s) as listed below:

ACC. NAME:

ACC. NUMBER:

ACC. NAME:

ACC. NUMBER:

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 you 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'.

Yours faithfully,

Authorized signatory (ies) as per Bank mandate

Name:

Name:

Signature:

Signature:

Date:

Date: