

MPESA PAYBILL / TILL CLOSURE FORM

To the Manager,

African Banking Corporation Ltd.

Branch

Date

Dear Sir / Madam,

I/We the undersigned of Account Name.....

Account Number....., hereby request for closure of Paybill/Till

Name.....Paybill/Till number.....

Reason for Paybill/Till closure.....

.....

.....

.....

.....

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'.

Sincerely,

Name..... Authorized Signature

Name..... Authorized Signature

Name..... Authorized Signature

Name..... Authorized Signature