

## STANDING ORDER INSTRUCTION FORM

To the Manager,  
African Banking Corporation Ltd,  
.....Branch.

Date.....

Dear sir/Madam,

I/We desire to make a payment of ksh/Usd: .....  
(Amount in words) .....from my  
account number..... held at ABC Bank, ..... Branch  
on the.....day of each..... commencing.....

1. ID No..... Telephone No.....

2. ID No..... Telephone No.....

Please effect the standing order to the beneficiary details below.

NAME:.....

BANK:.....

BRANCH:.....

A/C NUMBER:.....

I/We understand that the payments will not be made unless my/our account(s) has sufficient funds on the date of payment, by 4.00pm, and that this order shall be considered cancelled if payment cannot be made on three (3) consecutive dates of payment because of inadequate funds.

No responsibility shall attach to you for failure of a remittance to reach its destination, or for any loss or damage occasioned through a payment not reaching the payee on the arranged date, whether such delay shall be due to negligence on the part of the Bank's servant or otherwise.

In the event of any payment (s) being made in accordance with this order for which I/We do not have sufficient funds in my/our account I/we shall refund to you upon application, the amount(s) thereof, plus charges.

### **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'.

Yours faithfully;

Name ..... Signature.....

Name ..... Signature.....

**Important:** INSTRUCTIONS TO CANCEL OR VARY THE ABOVE PAYMENT MUST BE GIVEN IN WRITING AND LODGED WITH THE BANK IN SUFFICIENT TIME FOR THE PAYING AGENT TO BE ADVISED BEFORE THE NEXT PAYMENT IS DUE

**For Official Use.**

**Authorized by:** .....