African Banking Corporation Ltd

STATEMENT REQUEST FORM

BRANCH..... DATE.....

I/We hereby request you to issue a statement for my/our below account(s) as per the details provided. I/We confirm that the information given is accurate and understand that applicable statement charges will be debited from the respective account(s).

Account(s) for which statement is requested

Account Number	Account Name	Statement Period (From - To)

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'.

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Authorised Signatory	Authorised Signatory	Authorised Signatory

Collected By:

Name..... ID No..... Signature.....

For Official Use

Received by..... Signature.....

Processed by..... Signature.....

Charges Recovered..... DC Number.....