African Banking Corporation Ltd



ABC BANK SHORT CODE APPLICATION FORM

BRANCH NAME				DATE	
SECTION A: CUSTOMER DETAILS					
Account Name					
Account Number					
Nature of business					
Email Address			Tel No		
SECTION B: CUSTOMER SHORT CODE REQUEST					
I/we					
account holder to account numberhereby					
request the bank to generate an ABC Bank short code for the purposes of receiving business proceeds					
through paybill 111777.					
	77-				
Reason for Lipa Na Mpesa services;					
Describe the reason for collection of funds					
SECTION C: CUSTOMER(S) DECLARATION					
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 l		norised signatory			orised signatory
FOR BANK USE					
Branch Authorization:					
Reviewed by	Signature	!		Date	
Authorized by	Signature			Date	
Channels Operations Office:					
Short Code Assigned:		Account linked to short code:			
Generated by	Signature	!		Date	
Approved by	Signature	:		Date	
Central Back Office:					
Input by	Signature			Date	
Verified by	Signature			Date	