

Date: _____

CUSTOMER SERVICE REQUESTS

Branch: _____

Account No: _____

Account Name: _____

Debit Card:

Card Order ☐ PIN Reset ☐ Block Card ☐ Unblock Card: ☐

Card Number: _____

(Only indicate the first 6 and last 4 digits of the card number)

Reason: _____

Credit Card:

Pin Reset ☐ Block Card ☐ Unblock Card: ☐ Close Card: ☐

Card Number: _____

(Only indicate the first 6 and last 4 digits of the card number)

Reason: _____

Mobile Banking:

Registration ☐ PIN Reset ☐ De-registration ☐ Unblock ☐ Disable ☐

Registered Mobile No: _____

Reason: _____

Internet Banking :

Disable ☐ Resend Credentials ☐

Reason: _____

Cheque Book

Order ☐ Stop Cheque ☐ Number of leaves: 50 ☐ 100 ☐

Stop Cheque ☐ Cheque Number/Series: _____

Reason: _____

E- Statement

Registration ☐ De-registration ☐ E-mail: _____

Reason for De-registration: _____

Please provide the service as indicated above. I/We warrant that the information given is true and complete. I/We accept and agree to be bound by the terms and conditions of use (amended from time to time). Terms & Conditions Apply. I/We the authorized user(s) agree that I/we shall be liable for all charges incurred through the use of the service provided.

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 Sidian Bank Ltd, KREP Centre, Wood Avenue, Kilimani P. O. Box 25363– 00603, Nairobi addressed 'for the attention of the DPO'.

AUTHORISED SIGNATORY(IES)

Name _____ Signature _____ Date DD/MM/YYYY

Name _____ Signature _____ Date DD/MM/YYYY

FOR OFFICIAL USE ONLY:

REVIEWED BY:

Name _____ Signature _____ Date DD/MM/YYYY

AUTHORIZED BY:

Name _____ Signature _____ Date DD/MM/YYYY