

TRANSITION FORM FROM STUDENT ACCOUNT

(Transition of account from Student account to any other account of choice, upon turning the age of 29 years).

Date: _____ (dd/mm/yyyy)

To the Manager,

I request you to transfer my account as specified below. I agree to provide any document requested by you according to the type of account requested and abide by the rules for the conduct of such account.

Account name	Account number	New account type

I confirm having read and understood the conditions <https://ke.ncbagroup.com/general-terms-and-conditions/> to run the requested account with NCBA and I oblige to comply. I agree that the account shall be converted solely at the discretion of NCBA Bank and hereby agree to indemnify NCBA Bank at my cost against any loss or claim arising upon issuance of a 30 day notice due to unsatisfactory performance.

Furthermore, I accept that the operations of the account will be subject to the bank's General Terms and Conditions accessed at <https://ke.ncbagroup.com/general-terms-and-conditions/> and that I have read, understood and consent to be bound by. I confirm that I have updated my records where such changes may have occurred and that all the given information is true and correct

AUTHORIZED SIGNATORIES (as per account mandate)

Name 1: _____

Name 2: _____

FOR OFFICIAL USE ONLY

	Verified by	Authorized by	Transferred by
Name:			
Signature:			
Date:	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)