

## CHANGE OF PRODUCT TYPE

Date: \_\_\_\_\_ (dd/mm/yyyy)

To the Manager,

I / We request you to transfer my / our accounts as specified below. I / We 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	Existing account type	New account type

I/We confirm having read and understood the conditions necessary to run the requested account(s) with NCBA and I/We oblige to comply. I/ We agree that the account(s) 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 out of the account(s) being closed by NCBA Bank upon issuance of a 30 day notice due to unsatisfactory performance.

Furthermore, I/We accept that the operations of the account(s) will be subject to the General Terms and Conditions previously signed by me/us and confirm that I/We have updated our records where such changes may have occurred and that all the given information is true and correct.

### AUTHORIZED SIGNATORIES (as per account mandates)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

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