



**CUSTOMER IRREVOCABLE AUTHORIZATION AND WAIVER FORM - FOR US PERSONS ONLY**

TO:

NCBA Bank Kenya PLC  
NCBA Centre, Upper Hill  
Mara & Ragati Roads  
P. O. Box 44599 – 00100  
Nairobi

The undersigned customer ("Customer") hereby acknowledges and agrees that pursuant to the Foreign Account Tax Compliance Act (FATCA) enacted under the Laws of the United States of America (US), NCBA Bank Kenya PLC ("NCBA") is or may be required to disclose and report certain information concerning his/her/their/its account(s) to the relevant authorities, including but not limited to the US Internal Revenue Service ("the US Authorities").

The Customer further acknowledges and agrees that pursuant to FATCA, NCBA may be required to deduct, withhold and remit monies or taxes to the US Authorities as may be directed by them from time to time.

The Customer further acknowledges and confirms that NCBA has duly informed the Customer of the bank's reporting and withholding obligations under FATCA in connection with certain accounts held by US citizens, persons or residents.

For the purpose of ensuring full compliance with FATCA and the Laws of Kenya, the Customer voluntarily, willingly and unconditionally hereby authorizes NCBA to disclose and report to the US Authorities any and all information concerning the Customer's account(s) held by NCBA.

In furtherance thereof, the Customer undertakes to provide NCBA with its US tax identification number (PIN), social security number (SSN) and other relevant information and supporting documentation as may be required to enable NCBA to fulfil its obligations under FATCA.

In consideration of the premise and NCBA continuing to maintain the Customer's account (s), the Customer hereby irrevocably releases and fully discharges NCBA its directors, officers, employees, servants and agents and related parties from any and all claims, liabilities, damages, loss or expense arising from NCBA disclosing and reporting any such information concerning the Customer's account(s) to the US Authorities and/or deducting, withholding and remitting any monies to the US Authorities.

Customer Name: \_\_\_\_\_

US Social Security No. (SSN): \_\_\_\_\_

Us Tax Identification No. (PIN): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(DD/MM/YY)