



PLEASE COMPLETE THIS FORM AND DROP AT YOUR NEAREST DEVELOPMENT BANK OF KENYA BRANCH.

Date:

The Manager,

DBK Limited.

Branch Name:

Dear Sir/Madam,  
SUB: APPOINTMENT OF AUTHORISED AGENT

I/We hereby appoint Mr/Mrs/Ms  Of ID/PP No

as my/our authorized agent for Current/ Savings Account no

in the name(s)

(Kindly attach ID/Passport copy, Tax PIN and (1) passport photo)

KINDLY TICK WHERE AUTHORITY IS GIVEN

I/We confirm that he/she is allowed to transact on my/our behalf as indicated below:

1. Cash Deposit ☐ 2. Cash Withdrawal ☐ Indicate Withdrawal Limit if any:

3. Account Balance enquiry ☐ 4. Cheque book collection ☐ 5. Statements & Advises collection ☐

6. Correspondence ☐

7. Any other(state):

DECLARATION

It is the responsibility of the appointing authority to notify the Bank of any change of authorized agent(s).  
The Bank shall in no way be held responsible where such changes have not been communicated in writing.  
By signing below, I / We authorize the bank to execute these instructions.

Name:

ID/PP No:

Signature:

Date:

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FOR OFFICIAL USE ONLY

Customer Number:

Call Back: Tel. No.:  Time:  Name:

Confirmed by:  Signature:  Date:

Authorized by:  Signature:  Date: