**FORM H: AUTHORITY TO VERIFY ACCOUNT DETAILS**

To: (Bank outside Kenya)…………………………………………………………………………………

Address:…………………………………………………………………Branch…….……………………

Account Name ………………………………………………….……………………………………………

Account Number:……………………………………...……………………………………………………..

Bank Code…………………………………………………………………………………………………..

I,…………………………………………………………………………..……., the undersigned, holder of Kenya Passport No……………….…………………….. do in accordance with Section 19(3) of the Leadership and Integrity Act, No. 19 of 2012, Laws of Kenya, hereby authorize the Ethics and Anti-Corruption Commission (EACC) of Postal Office Box 61130 Code 00200, Nairobi, Kenya and of Telephone Number +254 020 310722 to verify statements of my bank account held in your Bank and any other relevant information.

Signed by the said………………………………………………………….. }

on this……….…..…day of…………………..………20…………………. }

Signature of Account Holder

 }

Witness: }

Name…………………………………….…..National ID/ Passport Number/ }

…………..………………..…..………Nationality…………………………………..…}

Signature………………………….……………….Date……………………………….}