

STOP PAYMENT REQUEST

Date: _____

Branch: _____

ACCOUNT DETAILS

Account Number: _____

Account Title: _____

S. No.	Cheque Number	Date	Favouring	Amount
1				
2				
3				

Reason for stop cheque request (please tick only one):

Lost Stolen Other (please specify) _____

DISCLAIMER

We have received your aforesaid request to mark Stop Payment on the above mentioned Cheque(s). Your instructions have been noted by us.

The undersigned agrees:

- i- To notify the Bank to cancel this instruction if and when the reason to stop payment ceases to exist.
- ii- The closing of the account shall automatically cancel this instruction.

Signature Applicant 1	Signature Applicant 2 <small>(In case of Joint Account)</small>
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FOR BANK USE ONLY

Received by: _____

Date received: _____

Time received: _____

Actioned by: _____

Approved by: _____

Approved by signature: _____

Date: _____