## BANK COPY

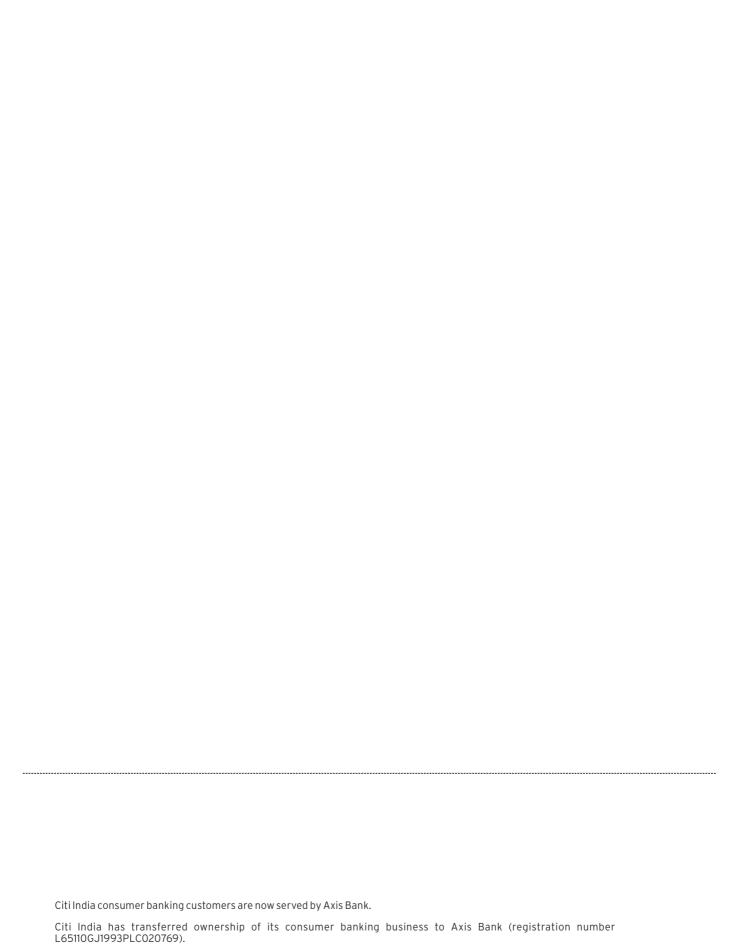


Date: DDMMMYYYY  To The Branch Manager  ABC Bank  Branch:	
Dear Sir / Madam,  Request for Stop Payment of C	heque
	nt of the cheque(s) issued from my / our account. The details of the cheque(s)
Account Number	
Cheque No. / Series	From To
Cheque Date	
Cheque Amount	
Issued to / Favouring	
I / We authorize the Bank to debi	t the Stop Payment Charges applicable from my / our Account.
Name and Signature of Acco	ount Holder(s)
	Acknowledgment Slip
We acknowledge the receipt of	request for Stop Payment of Cheque from Mr./Mrs./M/s
retaining to account number	for cheque (Details)
We confirm that we will execute In accepting the instruction(s), w a) To make good to us any loss re b) The instruction(s) to stop pay	

Date: D D M M Y Y Y Y

Time:

VER 1.1/BAN/IBA/SPCF/WPC/01-23



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## VER 1.1/BAN/IBA/SPCF/WPC/01-23

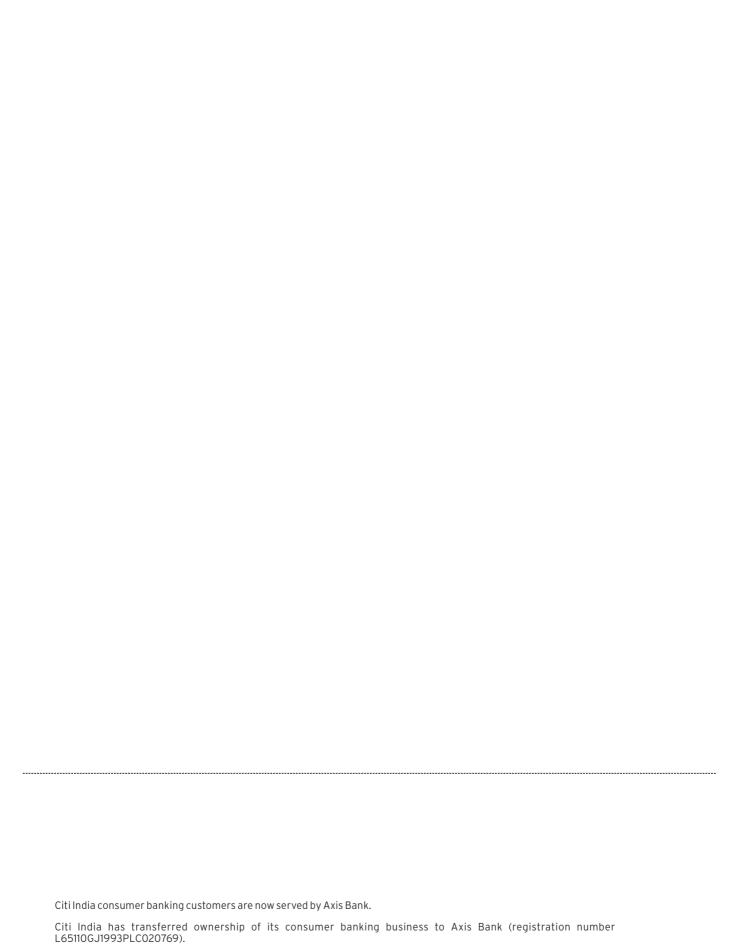


## **CUSTOMER COPY**

Date:   D   D   M   M   Y   Y   Y   Y	Time :
То	
The Branch Manager	
ABC Bank	
Branch:	
Dear Sir / Madam,	
Request for Stop Payment of Ch	egue
request for Stop r dyment or on	<u>eque</u>
Please arrange to stop payment is/are given below.	t of the cheque(s) issued from my / our account. The details of the cheque(s)
Account Number	
Charus No. / Carino	
Cheque No. / Series	From To
Cheque Date	
Cheque Amount	
Issued to / Favouring	
I / We authorize the Bank to debit	the Stop Payment Charges applicable from my / our Account.
Name and Signature of Acco	unt Holder(s)
	Acknowledgment Slip
We acknowledge the receipt of re	equest for Stop Payment of Cheque from Mr./Mrs./M/s
retaining to account number	for cheque (Details)
We confirm that we will execute to In accepting the instruction(s), we a) To make good to us any loss res	

b) The instruction(s) to stop payment will remain valid for 35 years from the receipt of such instruction(s).

Date:   D   D   M   M   Y   Y   Y   Y
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