

REQUEST FOR STOP PAYMENT OF CHEQUEFax Number: **6918 4453**

Date: _____

I/We hereby authorise the Bank to stop payment on the following cheque drawn by me/us on my/our account with you.

Account Name:					
Account No:					
Currency and Amount:					
Cheque Dated:					
Cheque No.:					
Payee's Name:					
Reason (if any):					

Please debit bank charges (if any) from the above account.

I/We agree to hold the Bank harmless for all consequences which may arise by reason of the Bank's refusal to pay this cheque and to be responsible to the Bank for expenses and costs incurred in connection therewith.

I/We further agree not to hold the Bank liable for failure to execute this request to stop payment should the cheque be inadvertently or accidentally paid.

I/We understand that it is our responsibility to check our record up to the last statement issue day that the cheque has not been presented at the Bank.

Authorised Signature(s) of Account Holder(s)
Company Stamp (if applicable) is required

For Bank Use Only

DH	Checker	Maker