

Stop Payment Request

Details							
Account number							
Account name							
Reason for St	op Payment	Request					
Lost	Stolen	Other					
Details of che	que(s) to st	юр					
Payee's name							
Date of Cheque		Cheque Number	r: (From)		(To)	
Amount			Fee Charged				
Fee payment:	□ to I	oe debited into my acc	count		☐ to be	paid in cash	
Customer's Dec To: The Manager,	l aration ANZ Bank (Sar	noa) Limited					branch.
 I/We request that you stop payment of the cheque(s) as detailed above. By signing this form, I/We acknowledge and agree: (a) that by accepting this stop payment request, the Bank does not represent to me/us that the cheque(s) has not been paid earlier; (b) to indemnify the Bank against any loss that the Bank may incur as a result from non-payment of the cheque(s); (c) that the Bank will not be liable if the cheque(s) is paid as a result of in advertance or oversight by me/us or the above cheque(s) details being incorrect; (d) to notify you promptly in writing if the cheque(s) is recovered or known to have been destroyed or for any other reason this stop payment request may be cancelled; (e) I/We have read and understood the matters specified in this form. In the event of any inconsistency between the English and other language content of this document, the English version shall apply. 							
Customer(s) sign	ature(s)						
Date			Date				
Bank use only				Date of last	statement		
		ing stop payment requ				Previously paid:	Yes
Date and time Rec Request received	eived [am pm				☐ No
In person	by written re	quest by phone		Date expire	s		
Actioned by				Checked by	,		
Cancellation of st	op payment	Cancelled					
Signature			_				
			Date		Time	□am	$\square_{\sf pm}$
Bank use only Cheque received (complete when dishonoured or a Stopped item has b	fter cancellation	en presented and		ved by		am	pm

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