APPLICATION FOR STOP PAYMENT

Date: .....

Branch Manager
The City Bank Limited
..... **Branch**

Dear Sir/ Madam
I/we request you to "STOP" payment of the Cheque(s)/ Pay Order/ Demand Draft as detailed bellow.
In consideration of your recording these instructions, I/we agree:

(a) to indemnify you against any loss resulting from non-payment of the bellow described item(s);
(b) that should the said item be paid through inadvertence or oversight, or through mis-description of the item(s), you will no way be held responsible, provided you have in good faith followed your usual procedures for handling stop payment orders;
(c) to notify promptly in witting if the said item(s) is recovered or known to have been destroyed or if for any other reason this stop payment order may be cancelled.

Details of Cheque(s)/ Pay Order/ Demand Draft to stop:

☐ **Specific Cheque/ Pay Order/ Demand Draft:**

Cheque/P.O/DD #_____ Dated:_____ Amount:_____

Payee:_____

Account No. (For Cheque) | | | | | | | | | | | | | |

Account Title_____

☐ **Range of Cheques:**

From cheque #_____ To Cheque # _____

Account No. (For Cheque) | | | | | | | | | | | | | |

Account Title_____

This stop payment instruction is issued on account of the cheque(s)/ Pay Order/ Demand Draft being:

☐ **Lost** ☐ **Stolen** ☐ **Other** (Specify) _____

Please issue a duplicate Pay Order/ Demand Draft

_____ _____

Signature of 1st Applicant **Signature of 2nd Applicant**

NB: All joint – account holders are required to sign regardless of mode of operation.

FOR BANK USE ONLY **Customer ID:** C B | | | | | | | |

CHECK POINTS

We the undersigned confirm that all the related document(s) are in order as per CBL Ops Manual/SOP/related circulars and all necessary approval(s) are taken.

Initiated By CS Official/CFP (with seal & sign)	Recommended by BOM/Designated Official (with seal & sign)	Approved by BM/Designated Official (with seal & sign)