STOP PAYMENT REQUEST FORM



| Please fill in Black Ink and in CAPITAL LETTERS All fields marked " * " are MANDATORY | Date DD MM YYYY |
|--|--|
| CUSTOMER | DETAILS |
| Account Number | |
| Customer Name | |
| /We hereby request and authorize you to kindly mark a Stop Pay | ment for the following cheque/cheques issued by me/our |
| nuthorized signatory: | |
| Specific Cheque: Cheque 1 Cheque 2 | Cheque 3 |
| Cheque Cheque | Cheque |
| Date Date Cheque | Date Cheque |
| Amount Amount Issued to | Amount Issued to |
| Cheque Series | |
| From | |
| То | |
| Cheque Date | |
| Cheque Amount | |
| Issued to | |
| Reason for Stop Payment | |
| Lost Instrument / Cheque Book Others | |
| | ly paid or if the same, in the sole opinion of IDFC FIRST Bank Limited, would adverse liability on IDFC FIRST Bank Limited in any manner whatsoever. |
| | autoroo nabinty on 151 of the Faint Emilion in any manner middecron |
| /We, the undersigned, have read, understood and agree to absolute | |
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