

Date & \_\_\_\_\_ Time \_\_\_\_\_

To  
The Branch Manager  
CIB  
Branch \_\_\_\_\_

Dear Sir / Madam,

Request for Stop Payment of Cheque

Please arrange to stop payment of the cheque(s) issued from my/our account. The details of the cheque(s) is/are given below :

Account Number		
Cheque No. / Series	From	To
Cheque Date		
Cheque Amount		
Issued to / Favours		

I / We authorize the Bank to debit the Stop Payment Charges applicable from my / our Account.

\_\_\_\_\_  
Name and Signature of Account Holder(s)

Acknowledgment Slip

We acknowledge the receipt of request for Stop Payment of Cheque from Mr. / Mrs. \_\_\_\_\_  
relating to account number \_\_\_\_\_ for cheque (Details) \_\_\_\_\_

Date :

Time :

Bank official (Sign, Stamp, Date & Seal)  
For Credit Agricole Corporate & Investment Bank