REQUEST TO STOP OR REVOKE THE PAYMENT

The Manager
Pan Asia Banking Corporation PLC

Date:

Select the branch

I/we hereby request the bank to stop/revoke the payment of the cheque(s) mentioned below:

ACCOUNT NO	
ACCOUNT NAME	
AVAILABLE ACCOUNT BALANCE (CR/DR)	

CHEQUE NO	**CHEQUE AMOUNT**	**CHEQUE DATE**
REASON		

I/we hereby authorize the bank to process this stop payment request/revoke the previously issued stop payment instruction based on the above information.

I/we acknowledge the bank will not be held liable for any consequence arising from incomplete or incorrect information provided.

This request is subject to the bank's standard terms and conditions governing stop payment instructions.

.....	.....	.....
Signature (Main Account Holder)	Signature (Joint Account Holder- I)	Signature (Joint Account Holder- II)

FOR OFFICE USE ONLY

Customer signature/s verified, and the payment is stopped/ revoked.

Input By:	**Authorized By:**	**Date:**

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PAN ASIA BANK