

To: The Manager
The Hongkong and Shanghai Banking Corporation Limited

_____ Office


Date: _____

STOP CHEQUE REQUEST FORM

Please stop payment of the following cheque(s):

Cheque No.	Date of Cheque	Payee	Amount

<i>For Lost (Blank) Cheques</i>	
Low Cheque No:	High Cheque No:

<i>Customer's Information</i>	
Name(s) (in Block Letters)	
Account No.	Telephone No.
Signature	
	

<i>For Bank Use Only</i>	
Call Data Received/Verified by:	Maintenance Input by:
Staff Name _____	USID: _____
Initial _____	WSID: _____
Date/Time _____	
Additional Information	Maintenance Verified & Approved by:
Perpetuity Indicator <input type="checkbox"/> (Y/N)	_____