

To : The Manager  
**The Hongkong and Shanghai Banking Corporation Limited**

\_\_\_\_\_ Office

Date : \_\_\_\_\_

**STOP PAYMENT REQUEST FORM**

Please stop payment of the following cheque(s) :

Cheque No.	Date of Cheque	Payee	Amount
<b><i>For Lost (Blank) Cheques</i></b>			
Low Cheque No.		High Cheque No.	

E852

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

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

SGH HUB 021L2