

STOP ORDER REQUEST FORM

FOR BANK USE ONLY

Customer No:

Reference No:

SECTION 1 - ACCOUNT HOLDER DETAILS

Name (as in ID Card / as in Passport for Foreigners)	
ID Card No. / Passport No. (Passport No. for Foreigners)	<input type="text"/>
Registration No. (for Companies)	<input type="text"/>

SECTION 2 - STOP ORDER DETAILS

Account No.	<input type="text"/>
Cheque Nos.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cheque Series	From <input type="text"/> To <input type="text"/>
Reason for Stop Order	

Signature:.....

DECLARATION

- I/we agree that Bank of Maldives cannot be held liable if the cheque(s) have been already realized.
- My account mentioned above will be debited for the charges (if any) as per schedule of charges of Bank of Maldives.
- Once this request has been processed, the above cheque(s) shall never be accepted for payment

D	D	M	M	Y	Y	Y	Y
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Date

Stamp/Seal

Signature

FOR BANK USE ONLY

Manager / Officer comment

Received by

User ID

Signature

Input Processed By

Verified by

Approved by

Date

D	D	M	M	Y	Y	Y	Y
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Time

H	H	M	M
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