

STOP ORDER REQUEST FORM

FOR BANK USE ONLY

Customer No:

Reference No:

Please fill in CAPITAL LETTERS

SECTION 1 - ACCOUNT HOLDER DETAILS

Full Name (as in ID Card/as in Passport for Foreigners)	
ID Card/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 hereby agree to the following:

- 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 and fees of BML Islamic.
- Once this request has been processed, the above cheque(s) shall never be accepted for payment.

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

Stamp/Seal

Signature

FOR BANK USE ONLY

Officer/Manager comment

Received by

Input/Processed By

Verified by

Approved by

User ID

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Time

H	H	M	M
---	---	---	---