

Date:

MANAGER'S CHECK/ DRAFT STOP PAYMENT/CANCELLATION REQUEST

APPLICANT NAME

Debit a/c for charges:

Credit a/c for refund:

- CANCELLATION- original check(s)/ draft(s) attached
 STOP PAYMENT ORDER

Note: Instruction(s) for re-issuance shall be made through new Application for Manager's Check/ Draft form.

PARTICULARS OF CHECK(S)/ DRAFT(S)

Check Date	Check Number	Payee Name	Currency	Amount

Note: Use separate sheet duly signed by authorized signatory(ies) if space above is not enough.

REASON FOR STOP PAYMENT ORDER

- Lost Check(s)/ Draft(s) (Notarized Affidavit of Loss and Indemnity Agreement attached)
 Others, please indicate:

In consideration of the Bank acting upon my/ our request, I/we hereby agree to indemnify Standard Chartered Bank against any consequences or claims that may arise in the future pursuant to my/our request. For lost Manager's Check(s)/ Draft(s), we hereby undertake to surrender the original instrument(s) if found or recovered.

SIGNATORY OF ACCOUNTHOLDER
(Sign above printed name)

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(Sign above printed name)

FOR BANK USE ONLY

Status of Check

- Presented and cleared
 Delivered/ released to payee
 Unpresented

Action taken

- Proceeds refunded/ credited back to specified account (eBBS batch _____)
 MC Presented and cleared thus SPO cannot be effected; Client advised accordingly

Fees

- Waived
 Charged: _____
 Staff initial _____
 Officer(s) initial _____