

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

E825

For Lost (Blank) Cheques	
Low Cheque No.	High Cheque No.

Signature _____

Name(s) <i>(in Block Letters)</i>
Account Number
Contact Telephone Number

For Bank Use Only	
Time of Message	Initial of staff taking the call Data Input Checked and Verified/Approved by
Signature Verified and Data Input by	
Additional Information	
Perpetuity Indicator <input type="checkbox"/> (Y/N)	

SGH HUB 021L1