

REQUEST FOR STOP-PAYMENT OF DEMAND DRAFT / CASHIER'S ORDER

To: Mizuho Bank, Ltd., Singapore Branch Date: _____

Applicant's Name	:	
Applicant's Account Number	:	
Cheque Number (6 Digits)	:	
Issue Date	:	
Amount	:	
Payee's Name	:	
	:	
Reason for Stop-Payment	:	
I/We hereby request you to cancel the above mentioned cheque.		
I/We agree to indemnify the Bank (jointly and severally) and hold it harmless from any loss, cost or expense arising as a result hereof.		
I/We agree that the request shall cease to have effect 6 months from the date of the Demand Draft / Cashier's Order issued.		
Kindly credit the proceeds less the Bank charges to our account number:		
Authorized Signature(s) (Stam	p if any)	
		Signature Verified
		For bank use only

Co. Reg. No. S74FC2413J

RDS/Stop Payment of Cheque/Web/20210701v2