

Loss/Stop Payment Request/Indemnity

Pay Order/Demand Draft/Cheque(s)

Note: Please complete in BLOCK letters and sign in the appropriate space.

Date: ^{DD} ^{MM} ^{YYYY}

To,
The Branch Manager
Bank Nizwa
Branch: _____

Customer Account Number:

This is to inform you that I/We have lost the following instrument(s) and not in my/our possession anymore:

Currency-Amount	Pay Order/Demand Draft/ Cheque(s) No.	Date of Instrument	Beneficiary

I/We confirm the following:

- I/We have not handed over the above mentioned instrument(s) to its beneficiary or to anyone else.
- I/We fully authorise the bank and its officials to stop payment of the above mentioned instrument(s) and also indemnify the bank and its officials for the payment of the above mentioned instrument(s) and will compensate the bank or its staff in case the bank or its staff suffers any loss due to my/our instructions of stop payment of the instrument(s) and in case of demand draft before submitting this stop payment order or advising it to the drawee bank.

Best Regards,

Customer Name(s): (1) _____ (2) _____

Customer Signature(s): (1) _____ (2) _____

Contact Details: _____

FOR BANK USE ONLY

SIGNATURE VERIFIED BY	SYSTEM VERIFICATION
Staff Name & ID: _____	Instrument(s) reported loss still unpaid <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____	System Checking Date: <input type="text"/> <input type="text"/> ^{DD} <input type="text"/> <input type="text"/> ^{MM} <input type="text"/> <input type="text"/> ^{YYYY} <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date: <input type="text"/> <input type="text"/> ^{DD} <input type="text"/> <input type="text"/> ^{MM} <input type="text"/> <input type="text"/> ^{YYYY} <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Stop Payment Marked in System: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Staff Name & ID: _____
	Signature: _____
	Date: <input type="text"/> <input type="text"/> ^{DD} <input type="text"/> <input type="text"/> ^{MM} <input type="text"/> <input type="text"/> ^{YYYY} <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>