

## Loss/Stop Payment Request/Indemnity

Pay Order/Demand Draft/Cheque(s)	
Note: Please complete in BLOCK letters and sign in the appropriate space.	DD MM YYYY
To, The Branch Manager Bank Nizwa Branch:	Date: []
This is to inform you that I/We have lost the following instrumen	nt(s) and not in my/our possession anymore:
Currency-Amount Pay Order/Demand Drate Cheque(s) No.	
I/We confirm the following:	
its officials for the payment of the above mentioned instrum	ent of the above mentioned instrument(s) and also indemnify the bank and nent(s) and will compensate the bank or its staff in case the bank or its staff in tof the instrument(s) and in case of demand draft before submitting this stop
Best Regards,	
Customer Name(s): (1)	(2)
Customer Signature(s): (1)	(2)
Contact Details:	
	BANK USE ONLY
SIGNATURE VERIFIED BY	SYSTEM VERIFICATION
Staff Name & ID:	Instrument(s) reported loss still unpaid Yes No
Signature:	System Checking Date:
Date:	Stop Payment Marked in System: Yes No Staff Name & ID:

Call Centre: 24 950 500 www.banknizwa.om