To: The Manager State Bank of India, Male', Rep of Maldives

STOP PAYMENT REQUEST

Stop Payment Information:			
Account No:			
Account Name:			
Cheque No. / Range:			
Payer Name:			
Cheque Amount:			
Cheque Date:			
Reason:			
(i.e., From Saving Acc	ny Account with the chounts MVR 50/- & USI e. From Current Accou & usd 100/- per instarmany Seal:	arges for the re D 5/- per Chequints MVR 100/- nce.)	equested stop payments: ue, and Maximum MVR 500/- & USD 10/- per Cheque, and

For Bank Use Only:

Received By:	Received Date & Time:
Processed By:	Processed Date & Time:
Verified By:	Verified Date & Time: