Habib Bank AG Zurich

(incorporated in Switzerland 1967)

Stop Payment & Indemnity Agreement For Lost Item

Fill in BLOCK *letters and check* ☑ *where appropriate*

Date ____ ____ ____
day month year

The Manager,

_____ Branch,
United Arab Emirates.

CUSTOMER REFERENCE

Account number | 0 | 2 | | | | | | | | | | | | | | | | | | |
20 digits

Account title _____

Dear Sir/Madam,

This letter is to advise Habib Bank AG Zurich *(hereafter referred to as "Bank")* that the following cheque drawn on the Bank has been ☐ Lost ☐ Stolen.

Amount : AED _____ (_____
in figure in word
_____)

Cheque number : _____

Payable to the order of : _____

I/We hereby certify that:
(1) The above information is correct;
(2) I/We have reported this incident to local police on ____ ____ ____. *(copy attached)*
day month year

I/We request you to stop payment of the above-mentioned cheque as and when presented to your bank.

In consideration of your acceptance of my/our request, I/we agree and indemnify the Bank, its employees, and its agents and hold the Bank free and harmless against any loss, cost, expense, damage or liability incurred by the Bank as a result of compliance with this request. I/We also agree not to hold liable the Bank, its employees and agents if the item is paid due to oversight or due to incorrect or inaccurate information, provided to you in this respect.

I/We understand and agree that the Bank or its employees or its agents may be compelled to pay the original item before presentation and/or after the implementing of stop payment is properly made. This could happen if the item is presented with proper endorsements. Under these circumstances I/we agree and authorize the Bank, its employees and its agents to honor the cheque by debiting my/our account on which the cheque is drawn if otherwise in order.

I/We acknowledge and accept that the processing of this request by the concerned department may take time and that there will be a delay between the receipt of this stop payment request by the Bank and the processing of the same therefore I/we agree not hold the Bank, its employees, or its agent responsible in the event subject cheque is presented and paid before the marking of stop payment.

Yours truly,

AUTHORIZED SIGNATORY 1:	***AUTHORIZED SIGNATORY 2:***	***AUTHORIZED SIGNATORY 3:***
_____ *signature*	_____ *signature*	_____ *signature*
_____ *name*	_____ *name*	_____ *name*

TERMS & CONDITIONS

The Bank will not accept instructions in connection with stopping payment of a cheque except in the event of loss or theft of a cheque or any other condition as shall be allowed by law and agreed by the Bank. Such instructions must be in writing and account holder will bear any loss, damage and cost due to this.

FOR OFFICE USE

Approved memo no : _____ Date : ____ ____ ____
day month year

SV

Branch : _____

Accepted by : _____ _____
name signature

NOTE:
- In the case of multiple signatories, authorized signatories must sign as per the account mandate.
- The customer agrees to abide by the Terms & Conditions specified above and bank's General Terms & Conditions, which are subject to change without any prior notice.