

# Stop Payment Instruction Form



Branch: \_\_\_\_\_

Date: DD\_\_\_\_/MM\_\_\_\_/YY\_\_\_\_

**The Manager,  
MyBank Limited  
P.O. Box 1111  
Mogadishu, Somalia.**

Dear Sir/Madam,

**Subject: Request for stop payment** (Please stop payment for the following cheque).

Account name	Account no.	Cheque no.	Reason for stopping

## Request made by

Customer full names: Mr/Mrs/Miss/ \_\_\_\_\_ Signature \_\_\_\_\_

Customer full names: Mr/Mrs/Miss/ \_\_\_\_\_ Signature \_\_\_\_\_

## For bank use only

Request received by	Date received	Action taken (yes/no)	Signature

**Nagala soo xariir**

7777 (For Local Calls) +252 1 847777 (For International Calls) 252 61 3737777 (For WhatsApp Chat)

E-mail: info@mybank.so | [www.mybank.so](http://www.mybank.so)