



NOTICE OF STOP PAYMENT

Title of Account	
Physical Address	
Account No.	
Type of Account	

DATE: _____

I&M BANK LIMITED.

P.O. BOX: _____

NOTICE OF STOP PAYMENT

Please stop payment of Cheque No. _____ dated _____

drawn on your Bank, _____ Branch for Kshs _____

(Kenya Shillings _____)

In favour of _____

Yours faithfully,

AUTHORISED SIGNATORY (IES)

We acknowledge having noted the above stop payment instruction without any responsibility, liability or recourse to the Bank.

MANAGER/ASST. MANAGER

Note:

We acknowledge having noted the above stop payment instruction without any responsibility, liability or recourse to the Bank.

- a) The Customer's Signature appearing hereon should be exactly as per specimen provided to the Bank.
- b) This 'stop payment' letter should strictly conform to the mandate furnished to the Bank.