

# CASHIER'S ORDER / DEMAND DRAFT – INDEMNITY FOR STOP PAYMENT

## Your Particulars

Name.....  
NRIC/PP No. ....  
Contact No. – Tel ..... Pager..... Handphone.....

## Instruction Details

1. I/We declare that the following has been \*lost/stolen/destroyed :
- Cashier's Order       Overseas Demand Draft       Local Clearing Demand Draft
- Cashier's Order/Demand Draft Transaction Reference : .....
- Cashier's Order/Demand Draft Serial No. : .....
- Currency & Amount : .....
- Payee : .....
- Date of Issue : .....
- The stop payment charges will be paid
- by debiting my/our DBS/POSB a/c no.....
- in cash
2. Upon confirmation that the above stated \*Cashier's Order/Demand Draft has not been paid, please stop payment thereon and:
- Replacement**
- Please issue me/us a replacement \*Cashier's Order/Demand Draft
- The agent bank charges will be paid  by debiting of my/our DBS/POSB a/c no. ....
- in cash
- Refund**
- Please credit account no..... with the \*Cashier's Order/Demand Draft amount less the agent bank charges.
- Please pay me/us in cash the \*Cashier's Order/Demand Draft amount less the agent bank charges.

## Terms & Conditions

- a) I/We hereby undertake to promptly return to you the original Cashier's Order/Demand Draft – Indemnity for Stop Payment for cancellation should it come into my/our possession.
- b) This stop payment instruction is subject to the prevailing terms of the General Banking Terms and Conditions, applicable Jurisdiction Schedule(s), and relevant Service Schedule(s) (each as may be amended, supplemented, substituted and/or replaced from time to time). I/We confirm that I/we have been given such prevailing terms or accessed them, where published, at [go.dbs.com/gbtc](http://go.dbs.com/gbtc) and have reviewed them.

Authorized Signature(s) with Company Stamp (if applicable) \_\_\_\_\_

\_\_\_\_\_ Date

## For Bank Use

Replacement CO/DD No. .... for ..... issued on .....

(6-digit Serial No.)                                      (New OB/OD Transaction Reference)                                      (DD/MM/YYYY)

Attended & Verified By  
(Name, Signature & Specimen No.)

Branch Name / Branch Code