



STATE BANK OF INDIA
460 PARK AVENUE
NEW YORK

**STOP PAYMENT OF CHECK
LETTER OF INDEMNITY**

Dear Sir/Madam:

Check Number: _____

I/We refer to my/our message/letter dated _____ requesting you to stop payment of a personal check/cashier's or official check as per details thereon.

I/We confirm that the reasons stated therein are valid and the particulars set forth are also correct. I/We am/are also aware that my stop payment request would be ineffective if complete and correct particulars are not furnished by me/us to the Bank.

I/We understand that the Bank is obligated to carry out our instructions only when such a request is delivered to the Bank with reasonable opportunity for the Bank to act on it.

I/We agree to indemnify and hold the Bank harmless against any loss or damage resulted on account of its acting on my/our instructions for stop payment unless the Bank has failed to exercise ordinary care.

Date: _____

Authorized Signatory

FOR USE OF NEW YORK BRANCH ONLY

Application scrutinized and

- found in order and modifications made
- deficiencies have been observed and conveyed to the applicant.

ASSOCIATE : _____

Date : _____

AUTHORISED OFFICIAL : _____

Date : _____