



**NILAMBUR
CO-OPERATIVE
URBAN BANK**

APPLICATION FOR TERMINATION OF SERVICES

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

To
The Manager
Nilambur Co-operative Urban Bank Ltd
Branch.....

NAME OF THE APPLICANT

Name & Address																				
Mob. No.																				
Customer No.																				

REQUEST FOR STOP PAYMENT

I/We request you to stop the payment of the below mentioned cheque / cheques which were issued to my A/c No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 for reasons mentioned therein:

Cheque No.....Reason.....
.....(in case of single cheque)

Cheque No.....to.....Reason.....
.....(for multiple Cheque)

Place :.....

Date :...../...../ 20.....Time.....

Signature of the Applicant

REQUEST TO BLOCK ATM CARD

I/We request you to block ATM Card issued against my A/c No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 for the following reasons *(Tick the appropriate boxes)*

Loss of card Damage Manufacturing Defect

Incorrect data on card Death of Card Holder Card fraud risk identification

Place :.....

Date :...../...../ 20.....Time.....

Signature of the Applicant

REQUEST TO BLOCK MOBILE BANKING SERVICES

I/We request you to block Mobile banking services for the following account numbers maintained by me for the undermentioned reasons

1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3

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 4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Customer No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Phone lost Death of A/c. holder Other reasons (specify).....

Place :.....

Date :...../...../ 20.....Time.....

Signature of the Applicant

FOR OFFICE USE

Stop payment marked ATM card blocked Mobile banking services blocked

Place :.....

Date :...../...../ 20.....Time.....

Name, Signature of Mgr/AO & Signing Power No.