CIMB ISLAMIC   **CIMB** BANK

REQUEST FOR STOP / RECOVERY OF PAYMENT

We, the company below mentioned hereby instruct and request CIMB Bank Berhad / CIMB Islamic Bank Berhad ("Bank") to Stop / Recover payment on the transaction(s) as described in Section B below.

Section A: COMPANY DETAILS

Company Name   : ………

Company Account No: ………

Contact Person (Mr. /Mrs. /Ms.): ……………………………………………………………… Contact No: ………………………………………………………….

Section B: DETAILS OF TRANSACTIONS FOR STOP/ RECOVERY PAYMENT

Autopay File Name   : ………

Processing Date   : ………

Organization Code   : ………

Name of Recipient	Bank Name	Account No.	Full Amount(RM)

We hereby, irrevocably and unconditionally, agree to the following terms and conditions:

1. All charges and fees payable including a stop/recovery of payment fee of **RM10** shall be charged for **"each instruction"** and shall be debited from the Company's account above stated
2. All requests for stop /recovery of payment shall be sent to the Bank via mybusinesscare@cimb.com followed by the delivery of the original request to the Bank at **Business Call Centre, Level 10, CIMB HUB, No 26, Jalan Sultan Ismail 50250 Kuala Lumpur.**
3. All requests for stop /recovery of payment shall only be processed by the Bank on the day of the receipt of the request provided such request is received by the Bank **before 4.00pm ("Cut-Off Time")** on Monday to Friday provided it is not a public holiday.
4. Any request received after the **"Cut-Off Time"** shall be processed on the next working day of the Bank. For avoidance of doubt, the processing of a request does not mean a successful stop /recovery of payment or a successful remitting back the amount to the Company's account above stated.
5. All requests for stop /recovery of payment are on a best effort basis without any liability on the part of the Bank.
6. The Company shall fully indemnify the bank for any loss or damage resulting from the request for stop /recovery of payment.
7. The Company shall ensure that all requests are only given by its authorized signatories or persons in accordance with the Company's board resolution.
8. The Company agrees that the Bank shall not be liable for any unauthorized request made or purported to have been made by the Company or its authorized signatories or persons.

Authorized Signatory (1):	Authorized Signatory (2):
………………………………………………………	………………………………………………………
Name:	**Name:**
Date :	**Date :**