

### CHEQUE PAYMENT REQUISITION

Date Requested:	Date Due:
Client's Full Name	
CDS A/c:	
ID/Passport No/s:	Joint Account holder's ID/Passport No/s:
Tel/Mobile:	Branch of Delivery
<b>Amount Requested for payment:</b>  <b><i>Charges for Open Cheque – 200/=</i></b>	

Client's Authorised Signature:	Client's Authorised Signature:

### FOR OFFICIAL USE

Received by:	Signature	Date
Details Verified by:	Signature	Date