



First National Bank

# Stop Order Application/Change

Botswana

## Customer Details

Branch Number

Account Number

Stop Order Number

For office use only

Name

Due Date

Y Y Y Y M M D D

First Payment Date

Y Y Y Y M M D D

Frequency Period

W = Weekly M = Monthly Y = Yearly E = Month-End P = Staff Pay Day

Frequency Number

Number of times payment made.  
W and M = Values 1 to 6, Y, E and P = Value 1 only

Commission Indicator

(0, 1 or 2)

0 = No handling fee charge 1 = Add handling fee charge to debit if the customer is paying  
2 = Deduct handling fee charge from the transfer amount if the beneficiary is paying.

Commission Amount

Amount Payable

Amount in Words

Expiry Date

(O, X, Y or Z)

O = Neither the expiry date nor the total amount payable is known X = The expiry date is known Y = The last payment is equal to or more than the normal instalment Z = The last payment is less than the normal instalment.

Expiry Factor

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Number of times unpaid

## Beneficiary Details

Account Number

Account Type

1 = Cheque  
2 = Savings

Branch Number

Beneficiary Name

Bank Name

Stop Order Reference \*

\* Where beneficiary is a Financial Institution e.g. Building Society or Insurance Company - the policy or account number must be completed together with the Beneficiary short name in this field.

Signature Verified

Signature

Date

This form to be signed strictly in terms of current signing arrangements

### Office Use Only

	Received	Data Input	Data Checked
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>