ALAVI CO OPERATIVE BANK LIMITED

Wadi | Ajwa Road | Fatehgunj

Positive Pay Instruction Form

Since1958

Date | D | D | M | M | Y | Y | Y | Y |

The Branch Manager / Manager

Alavi co operative bank limited

_____ Branch

Dear Sir/Madam

I/we hereby confirm having issued below details cheque(s) and authorize you to honor the said cheque(s).

Account Detail

Account No. | | | | | | | | | | | | | |

Account Title

Contact No | Email (If any)

Cheque(s) Detail

Cheque Number	Beneficiary Name	Date	Amount

Customer Signature

(All to sign if Joint Signature Account)

FOR BANK USE ONLY

Signature verified by

Data inputted by