

Government of The Republic of Trinidad And Tobago Ministry of Finance Treasury Division, Finance and Accounts Branch

Application for Replacement Cheque

| PAYEE'S FULL NAME | | | | | |
|---|-------------|----------------------------|-----------|------|-------------------------|
| ADDRESS: | | | | | |
| | | | | | |
| TELEPHONE #: | | | | | |
| DATE | | | | | |
| Comptroller of A Treasury Buildin Port of Spain | | | | | |
| Dear Sir, | | | | | |
| I am applying for the following unpaid cheque/s: | | | | | |
| Cheque No. | Cheque Date | Amount | HD/SUB-HD | VR# | Particulars of Payments |
| | | | | | |
| | | | | | |
| | | | | | |
| This/These cheque/s is/are now **VOID/LOST/MISPLACE/STALE-DATED/DEFACED and your assistance would be greatly appreciated. | | | | | |
| Thank you. | | | | | |
| Yours Faithfully, | | | | | |
| FOR OFFICIAL USE ONLY | | | | | |
| Cheque remains unpaid/paid | | Recon. Officer's signature | | Date | |
| | | | | | |
| **If cheque is LOST or MISPLACED, attach letter of indemnity signed by payee. If cheque is STALE-DATED or | | | | | |



DEFACED, attach cheque.