

REQUEST FOR CANCELLATION OF SIP

Please fill in the information below legibly in English and in CAPITALS
Sponsors: The Investment Trust of India Limited (erstwhile, Fortune Financial Services (India) Ltd.) and ITI Credit Limited (formerly known as Fortune Credit Capital Ltd.)
Trustee Company: ITI Mutual Fund Trustee Private Limited

Investment Manager: ITI Asset Management Limited
ITI House, Building no. 36, Dr. R. K. Shirodkar Marg,
Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677



Folio No.

PAN

1st/Sole Unit Holder Name

SIP CANCELLATION DETAILS

Scheme	ITI	Plan & Option/Sub-Option	
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SIP Frequency (Please ✓)

☐ Daily

☐ Weekly

☐ Monthly

SIP Start Date		SIP End Date		Cancellation Effective Date	
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Amount Rs.		Bank Name		Bank A/c No.	
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DECLARATION & SIGNATURE(S)

I/We hereby apply for SIP Cancellation as per the details mentioned above. I/We would request you to cancel/stop deducting the SIP amount from the ensuring month.

Date	SIGNATURE(S) as per ITI Mutual Fund Records.		
	 Sole/First Unit Holder/Guardian	 Second Unit Holder	 Third Unit Holder

INSTRUCTIONS

1. Form needs to be signed by either one of the holders or all the holders depending upon the mode of holding in the folio.
2. Please fill separate forms, in case of multiple folios or multiple schemes in the same folio.
3. Investor needs to ensure that the details mentioned in the SIP Cancellation Form are correctly filled in. In case of any ambiguity, the cancellation form is liable for rejection either at the collection point itself or subsequently after detailed verification at back office of the Registrar.
4. The discontinuation of SIP request should be received 3 business days prior to the next due date of the SIP. On the receipt of request, the SIP will be discontinued for the folio.
5. In the absence of sufficient no. of days as mentioned above the cancellation would be effected from the next eligible cycle date.
6. SIP cancellation will not be available for Exchange registered SIPs and SIP registered through Channel Partner.

ACKNOWLEDGMENT SLIP - REQUEST FOR SIP CANCELLATION (To be filled by the investor)

Received from: Mr./Ms./M/s.

Folio No.

PAN No.

Scheme Name:

Plan:

Option:

SIP Frequency : ☐ Daily ☐ Weekly ☐ Monthly

Cancellation Effective Date

Stamp & Signature