

Signature and Stamp

Request for Cancellation of SIP/STP/SWP (apply ☑ whichever applicable)

Cancellation of SIP				
Folio No.:				
Scheme Name:		Plan:	Option	:
SIP Start Date:		SIP End Date:		
Cancellation Effective Date:		Amount:		
nvestors Bank Name:		Bank A/c. No.:		
Reason for cancellation of SIP (Tick any one)				
Non availability of funds□ Scheme n□ Wish to invest in other scheme□ Cl	ot performing	ervice issue 🗌 Loa r 🔲 Others, p		al achieved
Cancellation of SWP		Cancellation of STP		
Folio No.:		Folio No.:		
Scheme Name:		From Transferor Scheme:		
Plan: Option:		To Transferee Scheme:		
Amount		STP Start Date:		
Frequency: Monthly Quarterly		STP End Date:		
		Frequency:		
		Amount:		
Signature(s)	,		Date:	
Sole/First Applicant	Sole/Second Applicant		Sole/Third Applicant	
nstructi o n				
This form is to be used for single folio and single sy				
Investors can discontinue their systematic transacti			- 10 Calendar days, STP	/ SWP - 7 days.
Please use separate cancellations forms for differer		o or different follos.		
Please use separate cancellations forms Debit Mand			ud alaa tha farma may h	a liable for rejection
For multiple SIP/STP/SWP's fill multiple form, pleas				
In the absence of sufficient no. of days as mentione In case of joint holders in the folio, the form needs				idle.
	• .		•	
Investor needs to ensure that the details mentioned In case of any ambiguity the SIP/STP/SWP cancella				ly after detailed
scrutiny/verification at the back office of the Regist		nuiter at the concetion p	one isen of subsequent	ly urter detailed
cknowledgement Slip (To be filled by the inv		N/D 6 11 /11 /11	17-	
We acknowledge the receipt of the request for o				
Schama Nama		the Folio no		
Scheme Name		n		
	Mutual Fund	. Amount		Service centre

with effect from