Cancellation Request Form

Systematic Investment Plan (SIP) / Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP)

Folio:		Date:
PAN No.:		
Sole / First Investor Name:		

☐ **SIP Cancellation**

Scheme Name: _____

Plan _____ Option _____

SIP Amount: (Rs.) _____ Frequency : ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

SIP Date : ☐ 1st / ☐ 5th / ☐ 10th / ☐ 15th / ☐ 20th / ☐ ……of every month

SIP Cancellation Effective Date : _____/_____/ _____

Investor Bank Name : _____

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

☐ **STP Cancellation**

From Scheme: _____

To Scheme: _____

STP Amount: (Rs.) _____ Frequency : ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

STP Date : ☐ 1st / ☐ 5th / ☐ 10th / ☐ 15th / ☐ 20th / ☐ ……

STP Cancellation Effective Date : _____/_____/ _____

☐ **SWP Cancellation**

Scheme Name: _____

SWP Amount: (Rs.) _____ Frequency : ☐ Monthly

SWP Date : ☐ …… of every month

SWP Cancellation Effective Date : _____/_____/ _____

INSTRUCTIONS

Sole/First Holder/Authorised Signatory | Second Holder/Authorised Signatory | Third Holder/Authorised Signatory

ACKNOWLEDGEMENT SLIP

Date _____/_____/_____

RECEIVED from Mr. / Ms. / M/s. _____

application for Cancellation of SIP/STP/SWP.

Stamp, Signature & Date