

Request For Cancellation Of SIP / STP / SWP {Apply [✓] whichever applicable}

AMC/Mutual Fund: _____

Investor Name- _____

<p>Cancellation of SIP { }</p> <p>Folio No: _____</p> <p>Scheme Name: _____</p> <p>Plan: _____ Option: _____</p> <p>SIP Start Date: _____ End Date: _____</p> <p>Cancellation Effective Date: _____ Amount: _____</p> <p>Investors Bank Name: _____</p> <p>Bank AC.No: _____</p>	<p>Cancellation of STP { }</p> <p>Folio No: _____</p> <p align="center">From Transferor Scheme:</p> <p>Scheme Name: _____</p> <p>Plan: _____ Option: _____</p> <p align="center">To Transferee Scheme:</p> <p>Scheme Name: _____</p> <p>Plan: _____ Option: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>Frequency: _____</p> <p>Amount: _____</p>
<p>Cancellation of SWP { }</p> <p>Folio No: _____</p> <p>Scheme Name: _____</p> <p>Plan: _____ Option: _____</p> <p>Cancellation Effective Date: _____ Amount: _____</p> <p>Frequency: { } Monthly / { } Quarterly</p>	

SIGNATURE (S)	Date:
SOLE / FIRST APPLICANT	SECOND APPLICANT
THIRD APPLICANT	

ACKNOWLEDGEMENT SLIP (To be filled by the investor)		
We acknowledge the receipt of the request for Cancellation of SIP / STP / SWP from Mr. /Ms. / M/s. _____ in the Folio No . _____ Scheme name _____ Plan _____ in _____ Mutual Fund. Amount _____ with effect From _____		Service Centre Signature and Stamp