## SIP / STP / SWP CANCELLATION FORM

RECEIVED from Mr. / Ms. / M/s. \_

application for Cancellation of SIP/STP/SWP.



Stamp, Signature & Date

## Systematic Investment Plan (SIP) / Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) Cancellation Request Form

Folio:																					ate:	D	D	M	M	Υ	Υ	Υ	Υ
PAN No.:																													
Sole / First Investor Name:																													
SIP Cancellation																													
Scheme Name:																													
Plan:											Ī		Op	otion:															
SIP Amount: (₹)												•	Fre	equen	су:		Mo	nthly			W	eekly				'		•	
SIP Date:	D	D	(B	etwe	en 1	to 28	3)				_																		
SIP Cancellation Effective Date:	D	D	] / [	M	M	/	Υ	Y	′ Y	′ Y	/																		
Investor Bank Name:								İ	Ť	Ť	Ī																		
Investor Account No.											İ															,			
STP Cancellation							•					•																	
From Scheme:																													
To Scheme:											T																		
STP Amount: (₹)										T	i					Fre	quen	су:		W	eekly	,	Г	Mo	nthly	,			
STP Date:	in	1st	/				7th	/			_   	10th	/			   1	l 5th			_		20th	/	_			25th		
SIP Cancellation Effective Date:	D	D	/ [	M	M		Υ	Y	′ Y	′ Y																			
SWP Cancellation																													
From Scheme:											T																		
SWP Amount: (₹)											Fi	requer	тсу:		Mon	ithly			Qua	rterl	y		H	alf Y	early			An	nually
SWP Date:		1st	/				7th	/				10th	/		[	1	l5th	/		[		20th	/				25th		
SWP Cancellation Effective Date:	D	D	] / [	M	M	/	Υ	Y	Y	′ }	′																		
INSTRUCTIONS																													
Please provide separate reques																													
<ul><li>2. All the details on the form need t</li><li>3. For discontinuation of Weekly S</li></ul>							_							or sho	ould i	ntima	ate in	writir	ıg/on	line t	o the	AMC	S/ISC	at le	ast 1	5 Bus	sines	s Day	rs in
advance. In case of Monthly SI request, SIP will be terminated a	P, suc	h inti	matio	on in	writir	ng sh	ould	be gi	ven a	atleas	st 15	Busin	iess	days	orior														
4. STP discontinuation request sh																nsfer	date.												
<ul><li>5. SWP discontinuation request sl</li><li>6. In case of any ambiguity, the SI</li></ul>																			neeni	uenth	v afte	er det:	ailed	ecrii	tiny :	at the	hacl	offic	e of
the registrar.										JUIIU	011	aioi al		JIIOOl	ισιι μ	oniti	LOUII (	, oul	Jooy	uoritl <sub>.</sub>	, art	,, uoti	anou	oor u	arry (	at 1110	buol	· OIIIC	.5 01
7. The cancellation form should be	e sign	ed de	epend	ding u	pon	mod	e of h	oldin	ıg.								7 [												7
Sole/First Holder/Authoris	ed Si	gnato	ry				S	econ	d Ho	lder/	Auth	norised	d Sig	nator	У					Third	d Hol	der/A	utho	rised	l Sig	nator	y		
																													_
MUTUAL FUND	INVE	STM	ENT	'S AI	RE S	UBJ	JECT	TO	MAF	RKE	ΓRI	SKS,	REA	AD AL	L S	CHE	MEF	RELA	TED	D0	CUN	IENT	'S C	ARE	FUL	LY.			
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								A	CKN	0WI	.ED	GEMI	ENT	SLIP															
BOI * AXA																					ate:	D	D	M	M	Υ	Υ	Υ	Υ
Investment Managers																													