

Request for Cancellation of SIP / STP / SWP

{Apply [] whichever applicable}

Folio No. :

Name (SOLE / FIRST APPLICANT)

Cancellation of SIP

Scheme Name

Plan Option

SIP Date SIP Frequency Monthly Quarterly

Amount Cancellation Effective Date

Bank Name Bank AC No.

Cancellation of STP

From Transferor Scheme

To Transferee Scheme

STP Date STP Frequency Monthly Quarterly

Amount Cancellation Effective Date

Cancellation of SWP

Scheme Name

Plan Option

SWP Date SWP Frequency Monthly Quarterly

Amount

SIGNATURE (S)

Signature of Sole / First Applicant	Signature of Second Applicant	Signature of Third Applicant

ACKNOWLEDGMENT 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

Scheme Name Plan

Amount with effect from

Service Centre
 Signature
 and
 Stamp