

Cancellation Form for SIP/ STP/ SWP

First/Sole Unit holder Name

Folio No.

1. SIP Cancellation Request (✓)

Scheme Name	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value="Plan"/>	<input type="text" value="Option"/>
SIP Reference No.	<input type="text" value="Mandatory"/>	SIP Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Amount <input type="text"/>
SIP Start Date	<input type="text" value="D D M M Y Y Y Y"/>	SIP End Date	<input type="text" value="D D M M Y Y Y Y"/>	
Bank Name	<input type="text"/>			
Bank Account No.	<input type="text"/>			

2. STP Cancellation Request (✓)

From Scheme	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value="Plan"/>	<input type="text" value="Option"/>
To Scheme	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value="Plan"/>	<input type="text" value="Option"/>
STP Reference No.	<input type="text" value="Mandatory"/>	STP Frequency(✓)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	STP Amount <input type="text"/>
STP Start Date	<input type="text" value="D D M M Y Y Y Y"/>	STP End Date	<input type="text" value="D D M M Y Y Y Y"/>	

3. SWP Cancellation Request (✓)

From Scheme	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value="Plan"/>	<input type="text" value="Option"/>
SWP Reference No.	<input type="text" value="Mandatory"/>	SWP Frequency(✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SWP Amount <input type="text"/>
SWP Start Date	<input type="text" value="D D M M Y Y Y Y"/>	SWP End Date	<input type="text" value="D D M M Y Y Y Y"/>	

4. Signature/s (To be signed by all holders if the mode of operation is "Joint")

Signature of First Unit Holder/ Guardian/ POA	Signature of Second Unit Holder	Signature of Third Unit Holder
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Acknowledgement (To be filled by the Applicant)

Received from <input type="text" value="Mr. / Ms. / M/s."/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature, Stamp & Date
Folio Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
<input type="checkbox"/> SIP <input type="checkbox"/> STP <input type="checkbox"/> SWP			