

SIP/STP/SWP/VTP/TRIP CANCELLATION FORM

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Name of 1st Unit Holder: _____ Folio No.:

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2. SIP CANCELLATION REQUEST SIP SIP Top up SIP Through Postdated cheques

I / We wish to discontinue my Systematic Investment Plan (SIP) for the below given details:

From Scheme: _____ Plan: _____ Option: _____

SIP Installment Amount: ₹ _____ I.H No.**:

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 SIP Date:

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SIP cancellation request must be submitted 15 business days in advance from next sip due date. All the above fields are mandatory otherwise request will be liable for rejection.

3. STP / VTP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Transfer Plan (STP) / Variable Transfer Plan (VTP) for the below given details: Please (✓)

From Scheme: _____ Plan: _____ Option: _____

To Scheme: _____ Plan: _____ Option: _____

Frequency Date: Please (✓) Daily Weekly Fortnightly Monthly Quarterly I.H No.**:

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STP / VTP Installment Amount: ₹ _____ STP / VTP Date: Please (✓) 1st 10th 15th 21st 28th

STP cancellation request must be submitted 7 business days in advance from next STP due date. All the above fields are mandatory otherwise request will be liable for rejection.

4. SWP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Withdrawal Plan (SWP) for the below given details:

Scheme: _____ Plan: _____ Option: _____

Frequency: Please (✓) Monthly Quarterly Semi-annual Annual I.H No.**:

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SWP Installment Amount: ₹ _____ SWP Date: Please (✓) 1st 10th 15th 21st 28th

SWP cancellation request must be submitted 7 business days in advance from next SWP due date. All the above fields are mandatory otherwise request will be liable for rejection.

5. TRIP CANCELLATION REQUEST

I / We wish to discontinue my Trigger Investment Plan (TRIP) for the below given details:

Scheme: _____ Plan: _____ Option: _____

Frequency: Please (✓) Fixed Installment Option Flexible Instalment Option I.H No.**:

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TRIP cancellation request must be submitted 7 business days in advance from next TRIP due date. All the above fields are mandatory otherwise request will be liable for rejection.

6. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S)

I/We wish to discontinue my SIP/STP/SWP/VTP/TRIP Plan in above mentioned scheme. I/We would request you to cancel / stop SIP/STP/SWP/VTP/TRIP registered with you.

Signature of 1st Applicant/Guardian/ Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/ Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/ Authorised Signatory/PoA
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7. INSTRUCTIONS - COMMON TO SIP/STP/SWP/VTP/TRIP

- The investors can use the this cancellation form to discontinue SIP/STP/SWP/VTP/TRIP registered/in a given scheme in a given folio/account with Mirae Asset Mutual Fund.
- SIP cancellation request must be submitted 15 business days in advance from next sip due date to any of the offices of Mirae Asset Mutual Fund or its Authorised Collection center on receipt of such request the SIP will be terminated.
- The investor has the right to discontinue STP/SWP/VTP/TRIP at any time he/she so desires by sending cancellation form at least 7 business days in advance of the immediate next due date to any of the offices of Mirae Asset Mutual Fund or its Authorised Collection center on receipt of such request the STP/SWP will be terminated.
- Investor needs to ensure that the details mentioned in the SIP/STP/SWP/VTP/TRIP Cancellation form are correctly filled in. In case of any ambiguity Cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/verification at the back office of the Registrar.
- **I.H number is a unique In house reference available in SOA.
- In case of joint holders in the folio the form needs to be signed by either one of the holder or all the holders depending upon the mode of holding.

Received Cancellation for SIP/STP/SWP/VTP/TRIP _____ Folio No.: _____ as per details below:

Scheme Name and Plan	Details	Date & Stamp of Collection Centre / ISC
	<input type="radio"/> SIP Amount (₹) _____ <input type="radio"/> VTP Amount (₹) _____ <input type="radio"/> STP Amount (₹) _____ <input type="radio"/> TRIP Amount (₹) _____ <input type="radio"/> SWP Amount (₹) _____	Subject to verification of documents

CANCELLATION APPLICATION ACKNOWLEDGEMENT SLIP

11-2019