

Form for Cancellation of SIP / SWP / STP
[tick whichever applicable]

To

Mutual Fund: _____

Sub: Cancellation of SIP / SWP / STP

Ref: Folio No(s): _____

Scheme [Source scheme in case of STP]: _____

Target Scheme [applicable only in case of STP]: _____

SIP / SWP/ STP Start date _____ End date _____

SIP / SWP/ STP date _____ (the specific date of the month on which the SIP/STP/SWP

Dear Sir/Madam,

Please cease my SIP/SWP/STP [tick whichever applicable] registered in the above referred Folio No. & Sc
_____ and stop the auto debit of Rs. _____ fro
_____account number _____with effect from _____

*[specify month & year from which you need to cease/stop SIP/SWP/STP].

Signatures:

Holder 1

Holder 2

Holder 3

Date: ____ / ____ / ____

* Note: This request form to cease SIP/SWP/STP & stop auto debit can be submitted at any date of the month to C the same would be processed subject to the terms and conditions indicated by the respective Mutual Fund from tir lead time required by bank(s) wherever applicable.

Acknowledgement Slip

We acknowledge the receipt of the request for Cancellation of SIP / SWP / STP

Received from: _____ Mutual Fund: _____

Folio No: _____ From Scheme: _____

[subject to scrutiny and verification]. Date of receipt at CAMS CSC _____