

SIP / STP / SWP Cancellation Form

To, _____ Mutual Fund Date _____

Subject : Cancellation of SIP STP SWP

Folio Number : _____
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 is effected)

Dear Sir/Madam,

Please cease my SIP SWP STP [tick whichever applicable] registered in the above referred Folio No. & Scheme for Rs. _____ and stop the auto debit of Rs. _____ from my Bank A/c No _____ with effect from _____ **[specify month & year from which you need to cease/stop SIP/SWP/STP].

Signatures:

Holder 1

Holder 2

Holder 3

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

Acknowledgement Slip

We acknowledge the receipt of the request for Cancellation of SIP STP SWP
Received from _____ in _____ AMC and
Folio _____ From Scheme: _____
[subject to scrutiny and verification]. Date of receipt