

Request for Cancellation of SIP/STP/SWP {tick whichever applicable}

ARN Code: _____ Sub Broker: _____ EUIN: _____

To,

_____ Mutual Fund

Folio no _____ PAN No _____

Investors Name _____

Scheme {source scheme in case of STP} _____

Scheme {Target scheme in case of STP} _____

Plan _____ Option _____

Amount Rs. _____

SIP Start Date _____ SIP End Date _____

Cancellation Effective From _____

Investors Bank Name _____

Bank Account No _____

Frequency { } Monthly { } Quarterly

Signatures:

(First/Sole Applicant)

(Second Applicant)

(Third Applicant)

ACKNOWLEDGEMENT

We acknowledge the receipt of the request for ceasure of SIP/SWP/STP from Mr/Ms/M/s.

_____ in Folio no _____

Scheme Name _____ Option _____ In

_____ Mutual Fund. Amount Rs. _____ With effect

from _____.