Request For Cancellation Of SIP / STP / SWP {Apply [✓] whichever applicable}

AMC/Mutual Fund: _____

Investor Name- _____

Cancellation of SIP { }	**Cancellation of STP { }**
Folio No:_____	Folio No: _____
Scheme Name:_____	From Transferor Scheme:
Plan: _____Option: _____	Scheme Name:_____
SIP Start Date:_____ End Date: _____	Plan: _____Option: _____
Cancellation Effective Date:_____ Amount: _____	To Transferee Scheme:
Investors Bank Name: _____	Scheme Name:_____
Bank AC.No: _____	Plan: _____Option: _____
Cancellation of SWP { }	Start Date:_____
Folio No: _____	End Date: _____
Scheme Name:_____	Frequency:_____
Plan: _____Option: _____	Amount: _____
Cancellation Effective Date:_____ Amount: _____	
Frequency: { } Monthly / { } Quarterly	

SIGNATURE (S)		Date:
SOLE / FIRST APPLICANT	**SECOND APPLICANT**	**THIRD APPLICANT**

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ACKNOWLEDGEMENT SLIP (To be filled by the investor)	
We acknowledge the receipt of the request for Cancellation of SIP / STP / SWP from Mr. /Ms. / M/s. _____ in the Folio No ._____ Scheme name_____Plan_____in _____Mutual Fund. Amount _____ with effect From _____	Service Centre Signature and Stamp