SIP / STP / SWP Cancellation Form

To,   Date _____
_____ Mutual Fund

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 at CAMS CSC