

## Systematic Investment Plan (SIP) / Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) Cancellation Request Form

IDBI Asset Management Limited
CIN: U65100MH2010PLC199319
Registered Office: IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005.
Corporate Office: 4th Floor, IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005.
Tel: (022) 66442800 Fax: 66442801 Website: <a href="www.idbimutual.co.in">www.idbimutual.co.in</a> Email: <a href="mailto:contactus@idbimutual.co.in">contactus@idbimutual.co.in</a>

Form No.

SIP Cancellation	DC Number: (for Office Use)
Scheme Name:	
Plan Option:	
SIP Amount (Rs.) Frequer	cy: □ Daily □ Monthly □ Quarterly
SIP Date:	
SIP Cancellation Effective Date://	
Investor Bank Name:	
Investor Account No.	
■ STP Cancellation	
From Name:	
To Scheme:	
STP Amount (Rs.) Frequer	cy: $\square$ Daily $\square$ Weekly $\square$ Monthly $\square$ Quarterly
STP Date: $\square$ 1st / $\square$ 5th / $\square$ 10th / $\square$ 15th / $\square$ 20th / $\square$ 25th	
SIP Cancellation Effective Date://	
SWP Cancellation	
Scheme Name:	
SWP Amount (Rs.) Frequer	icy: Monthly
SWP Date: 25th	
SIP Cancellation Effective Date://	
INSTRUCTIONS	
<ol> <li>Please provide separate requests in case of multiple cancellations</li> <li>All the details on the form need to be filled for smooth processing of the cancellation transaction.</li> <li>SIP discontinuation request should be received at least 21 days prior to the next due date of the SIP.</li> <li>STP discontinuation request should be received at least 7 days prior to the due date of the next transfer date.</li> <li>SWP discontinuation request should be received at least 7 days prior to the due date of the next transfer date.</li> <li>In case of any ambiguity, the SIP/STP/SWP cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny at the back office of the registrar.</li> <li>The Cancellation form should be signed depending upon mode of holding.</li> </ol>	
Sole / First Applicant / Second Applicant / Authorised Signatory Authorised Signator	
ACKNOWLEDGEMENT SLIP	
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	Date: / /
RECEIVED from Mr. / Ms. / M/s	Stamp, Signature & Date
application for Cancellation of SIP/STP/SWP	