

Date   /   /

## 1. INVESTOR DETAILS

Folio No.	1st Unit Holder
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## 2. SIP DETAILS

Scheme / Plan / Option
Bank Name
Account Number
Amount
Date of SIP
Month and Year of Cancellation

## 3. DECLARATION AND SIGNATURES

I/We wish to discontinue my Systematic Investment Plan in above mentioned scheme. I/We would request you to cancel / stop deducting the SIP amount registered with you from my / our above account from the ensuring month as mentioned above.

Sole / 1 <sup>st</sup> Applicant's Signature / Thumb Impression	2 <sup>nd</sup> Applicant's Signature / Thumb Impression	3 <sup>rd</sup> Applicant's Signature / Thumb Impression
Sole / 1 <sup>st</sup> Applicant's Name	2 <sup>nd</sup> Applicant's Name	3 <sup>rd</sup> Applicant's Name

## Instructions

- Signature should be as per the mode of holding.
- This request is to be given 15 business days prior to the next SIP date.
- In case of multiple folios or multiple scheme in the same folio please fill separate forms.
- Based on this request only your SIP will be ceased.
- For any other transaction for this folio please provide a separate request on an appropriate transaction form.