

Form for Cancellation of  SIP /  SWP /  STP  
[tick whichever applicable]

To

Mutual Fund: \_\_\_\_\_

Sub: Cancellation of  SIP /  SWP /  STP

Ref: Folio No(s): \_\_\_\_\_

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

Dear Sir/Madam,

Please cease my SIP/SWP/STP [tick whichever applicable] registered in the above referred Folio No. & Sc  
\_\_\_\_\_ and stop the auto debit of Rs. \_\_\_\_\_ fro  
\_\_\_\_\_ account number \_\_\_\_\_ with effect from \_\_\_\_\_

\*[specify month & year from which you need to cease/stop SIP/SWP/STP].

**Signatures:**

\_\_\_\_\_  
Holder 1

\_\_\_\_\_  
Holder 2

\_\_\_\_\_  
Holder 3

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Note: This request form to cease SIP/SWP/STP & stop auto debit can be submitted at any date of the month to C the same would be processed subject to the terms and conditions indicated by the respective Mutual Fund from tir lead time required by bank(s) wherever applicable.

**Acknowledgement Slip**

We acknowledge the receipt of the request for Cancellation of  SIP /  SWP /  STP

Received from: \_\_\_\_\_ Mutual Fund: \_\_\_\_\_

Folio No: \_\_\_\_\_ From Scheme: \_\_\_\_\_

[subject to scrutiny and verification]. Date of receipt at CAMS CSC \_\_\_\_\_