

Request For Ceasure of SIP/SWP/STP [tick whichever applicable]

To

_____ Mutual Fund

Sub: Ceasure of SIP/SWP/STP

Ref No.: Folio No: _____

Scheme [Source scheme in case of STP]: _____

Target Scheme [applicable only in case of STP] _____

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 _____ account number _____ with effect from _____ * [specify month & year from which you need to cease/stop SIP/SWP/STP].

Signature(s):

----- First Holder Second Holder Third Holder -----

Date: ____/ ____/ ____ .

** Note: This request form to cease SIP/SWP/STP & stop auto debit can be submitted at any date of the month to CAMS / KFINTECH CSCs and the same would be processed subject to the terms and conditions indicated by the respective Mutual Fund from time to time.*

ACKNOWLEDGEMENT

We acknowledge the receipt of the request for ceasure of SIP/SWP/STP from Mr. / Ms. / M/s. _____
_____ in Folio No. _____, Scheme Name _____
_____ in _____ Mutual Fund [subject to scrutiny and verification].

Date of receipt at CAMS/KFINTECH CSCs _____

CAMS / KFINTECH CSC seal