Request for Cancellation	n of SIP 🗌 SWP	STP	Tick whichever is applicable)
To, Mutual Fund:			
Sub: Cancellation of SIP SWP STP			
Folio No:			
Scheme Name:			
SIP/SWP/STP Start Date: SIP/SWP/STP End Date:			
SIP/SWP/STP Installment Date:			
SIP/SWP/STP Installment Amount:			
Dear Sir/Madam, I/We wish to discontinue my/our SIP/SWP/STP (tick whichever applicable)			
registered in the above referred Folio No and Scheme of Rs			
and Cancel/Stop the deduction the SIP Amount of Rs from			
my/our Bank Name Account No			
with effect from*			
*(Specify month & Year from which you need to discontinue/Stop SIP/SWP/STP)			
Signatures:			
1st Holder Signature	2nd Holder Signatu:	re 3rd Hol	der Signature
Note: This request from to Discontinue/Stop SIP/SWP/STP can be submitted at any date of the month to R&T/AMC 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 cancellation SIP SWP	STP	Date of recei	nts at service
Received FromFolio NoScheme Name		Date of receipts at service centre with signature and stamp	