

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

**Sub: Ceasure of SIP/SWP/STP in \_\_\_\_\_ Mutual Fund**

**Ref: Folio No:** \_\_\_\_\_

Investor Name: \_\_\_\_\_

Scheme [Source scheme in case of STP]: \_\_\_\_\_

Target Scheme [applicable only in case of STP] \_\_\_\_\_

SIP/SWP/STP date \_\_\_\_\_ (the specific date of the month on which the SIP/STP/SWP is effected)

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].

Signatures

\_\_\_\_\_  
Holder1                                  Holder2                                  Holder3

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

\* Note: This request form to cease SIP/SWP/STP & stop auto debit can be submitted at any date of the month 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 \_\_\_\_\_

SEAL