



**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 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:**\_\_\_\_\_  
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 CAMS CSCs 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 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 \_\_\_\_\_