

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): _____

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.

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 CSCs _____

CAMS CSC seal