То

Fund

Dear Sir,					
			into the Folio No		
				Option	
with SIP Date	through the follow	ving mode.			
Investors Bank Name:			Account N	No	
□ ECS□ Post Dated Chequ	100				
☐ Autodebit	ues				
I/We wish to discontinue my Systematic Investment Plan in the above mentioned scheme. I/We request you to cancel /stop deducting the sip amount registered with you from my/our above account from the ensuing monthMM/YYYY I/We authorize to cancel my/our unusrd SIP cheque(s) issued for the above mentioned scheme and send back to my/our address registered in your records.					
Kindly forward this instruction to my banker.					
Yours truly, (Signature as per Mutual Fund)					
	Existing SIP Details		Existing SIP Details	Existi	ng SIP Details
Investor Name					
Signature					
(Signature as per Investors Bank Records)					
	Sole/First Holder/Authorised S	Signatory	Second Holder/Authorise	d Signatory Thire	d Holder/Authorised Signatory
Investor Name		,			
Signature					
Please note: The discontinuation request should be received at least 15 days prior to the next due date of the SIP. On the receipt of such a request, the SIP will be discontinued for the folio and balance post dated cheques (if applicable) will be returned to the unit holder.					
Received from				an a	pplication for cancellation of SIP
in Folio No	Under			as	per details below.
Growth Option	Rs.	□ Divider	nd Reinvestment Rs.		
Bonus Option	Rs. o Word	Divider	nd Payout Rs.		Signature, Date & Stamp Of receiving office