Your Services Solutions Partner

Our Mission... Your Growth

CAMS

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 _____