



SIP DISCONTINUATION FORM

Investor Name: _____

Dear Sir/Mam,

I/We had given an instruction for deduction of Rs. _____ under Folio No. _____
in Scheme _____ Plan _____

Option _____ for SIP Debit Date _____ through Electronic Clearing Services (ECS)/
Direct Debit / NACH.

ECS / Direct Debit (Auto Debit) Bank Name: _____

Investor Bank Account No. _____ (Mandatory)

I/We wish to Dis-continue my Systematic Investment Plan (SIP) 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 month _____ (MM/YYYY)

*I/We authorize to cancel my/our unused 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/s as per Investors Bank Records

Signature of 1st Applicant / Authorised Signatory /PoA/Karta	Signature of 2nd Applicant / Guardian /Authorised Signatory /PoA	Signature of 3rd Applicant / Guardian / Authorised Sign /PoA
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Please Note: The Discontinuation request should be received at least 30 days prior to the next due date
of the SIP. On receipt of such a request, the SIP will be discontinued for the folio and balance postdated
cheques (if applicable) will be returned to the unit holder.

Acknowledgement

Received from _____ an application for
cancellation of SIP for Rs. _____ under Folio No. _____
Scheme _____ Plan _____ Option _____

Signature, Date & Stamp of receiving office