



Request for cancellation of SIP SWP STP

To

_____ Mutual Fund

Sub: Cancellation of SIP/SWP/STP

Ref: Folio No: _____

Scheme [From (Source) scheme in case of STP]: _____

Target (To) Scheme [applicable only in case of STP]: _____

Start date _____ End date _____

Date _____ (the specific date of the month on which the SIP/STP/SWP is effected e.g. SIP is on the 7th of every month – please provide that date.)

Dear Sir/Madam,

Please cancel my SIP/SWP/STP [tick whichever is applicable] registered in the above mentioned Folio Number and Scheme for Rs. _____ and stop the debit of Rs. _____ from my Bank _____ account number _____ with effect from _____ * *[specify month & year from which you need to cease/stop SIP/SWP/STP].

Note: This request form to cease SIP/SWP/STP & stop auto debit can be submitted on any date of the month to SBFS Customer Care Centre and the same would be processed subject to the terms and conditions indicated by the respective Mutual Fund from time to time. For SIP cancellation there needs to be a 21 day prior intimation for cancellation; else the cancellation will take effect from the next following installment only.

Signature/s _____
First / Sole Applicant / Guardian

_____ Second Applicant

_____ Third Applicant

Date: _____
(To be signed by all Unit Holders, if mode of holding is Joint. Alterations, if any, should be countersigned.)

ACKNOWLEDGEMENT

We acknowledge the receipt of the request for cancellation of SIP/SWP/STP (tick whichever is applicable) from _____ in Folio No. _____, Scheme Name _____ to _____ Mutual Fund from _____ [subject to verification].

Date of receipt at SBFS Customer Care Centre :	
Seal of SBFS Customer Care Centre :	