

Cancellation Form for Systematic Transactions (SIP/STP/SWP)



Please refer to the notes for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

1. PERSONAL DETAILS

First Unit Holder

First Name | Middle Name | Last Name

Folio | PAN

Mobile | Email ID

2. SIP CANCELLATION REQUEST (Please complete section 6 as well) (See notes overleaf)

Scheme | Plan | Option

SIP Auto Debit Date (Please ✓) 1st 10th 15th 20th 25th All five dates

SIP Installment Amount Rs. | Ceasure Date

Bank Account No. | Bank Name

3. STP CANCELLATION REQUEST (See notes overleaf)

From Scheme | Plan | Option

To Scheme | Plan | Option

Ceasure Date

Transfer Frequency (Please ✓ the appropriate option)

- Weekly | Day of the week _____ | Monthly | Quarterly
 Fortnightly | Date 1st 15th | Date 1st 10th 15th 20th 25th
Transfer Preference (✓) Amount Rs. _____ | Capital Appreciation Rs. _____

4. SWP CANCELLATION REQUEST (See notes overleaf)

Scheme | Plan | Option

Withdrawal Date 1st 10th 15th 20th 25th | Withdrawal Frequency Monthly Quarterly

Withdrawal Installment Rs. | Ceasure Date

5. YOUR SIGNATURE/S

X Signature of first unit holder | X Signature of second unit holder | X Signature of third unit holder
(To be signed by all holders if the mode of operation is "Joint")

6. INSTRUCTION TO BANK (In case of SIP)

The manager | Name of your bank | Branch | City

I/We have cancelled my/our SIP dated of every month/quarter in Scheme name for amount with L&T Mutual Fund. Please discontinue debit to my above account number (mentioned in section 4) for the said SIP with immediate effect.

Name of Sole/1st Bank A/C holder | Name of 2nd Bank A/C holder | Name of 3rd Bank A/C holder

Sign as per bank records

X Signature of Sole/1st Bank A/C holder

Sign as per bank records

X Signature of 2nd Bank A/C holder

Sign as per bank records

X Signature of 3rd Bank A/C holder

(To be signed by all holders if the mode of operation of Bank Account is "Joint")