



**1. PERSONAL DETAILS**

Folio No.:  (Investor can opt for multiple requests in single form under one Folio)

Name of the First Unit Holder:

I / We request you to register Mobile number and E-mail address to get alerts and communication via SMS and E-mail.

Mobile No.:  Email ID:

**2. SIP CANCELLATION REQUEST**

I / We wish to discontinue my Systematic Investment Plan (SIP) for the below given details:

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

SIP Auto Debit Date:  1st  5th  10th  15th  20th  25th  30th (For February, last business day)

Frequency:  Weekly  Monthly  Quarterly

SIP Installment Amount: Rs.

**(SIP cancellation request must be submitted 30 days in advance from the next SIP due date.)**

**3. STP CANCELLATION REQUEST**

I / We wish to discontinue my Systematic Transfer Plan (STP) for the below given details:

Regular  STP  CASTP  Flex STP

From Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

To Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

STP Frequency & Enrolment Period:  Daily  Weekly  Monthly  Quarterly

STP Installment Amount: Rs.

**(STP cancellation request must be submitted 10 days in advance from the next STP due date.)**

**4. SWP CANCELLATION REQUEST**

I / We wish to discontinue my Systematic Withdrawal Plan (SWP) for the below given details:

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

Frequency:  Monthly  Quarterly SWP Installment Amount Rs.

SWP Date:  1st  5th  10th  15th  20th  25th  30th (For February last business day)

**(SWP cancellation request must be submitted 10 days in advance from the next SWP due date.)**

**5. SIGNATURES AS PER MODE OF HOLDING IN THE FOLIO:**

\_\_\_\_\_  
First Unit Holder / Guardian / POA /  
Authorised Signatory

\_\_\_\_\_  
Second Unit Holder /  
Authorised Signatory

\_\_\_\_\_  
Third Unit Holder /  
Authorised Signatory

TEAR HERE



SIP / STP / SWP CANCELLATION FORM - Acknowledgement

Sponsor : State Bank of India  
Investment manager : SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI and AMUNDI)

SIP / STP / SWP Cancellation Form received from.....for Folio.....  
(subject to verification of documents)

Signature, Date & Stamp of  
Receiving Branch of SBI Mutual Fund