

**Request For Ceasure of SIP/SWP/STP** [tick whichever applicable]

To

\_\_\_\_\_ Mutual Fund

Sub: Ceasure of SIP/SWP/STP

Ref No.: Folio No: \_\_\_\_\_

Scheme [Source scheme in case of STP]: \_\_\_\_\_

Target Scheme [applicable only in case of STP] \_\_\_\_\_

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].

Signature(s): \_\_\_\_\_

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.

**ACKNOWLEDGEMENT**

We acknowledge the receipt of the request for ceasure of SIP/SWP/STP from Mr. / Ms. / M/s.

\_\_\_\_\_ in Folio No. \_\_\_\_\_, Scheme Name

\_\_\_\_\_ in \_\_\_\_\_ Mutual Fund [subject to scrutiny and verification].

Date of receipt at CAMS CSCs \_\_\_\_\_

CAMS CSC seal