

Form for Cancellation of SWP

To
Mutual Fund: _____

Sub: Cancellation of SWP

Ref: Folio No(s): _____

Scheme _____

SWP Start date: _____ End date: _____

SWP date: _____ (the specific date of the month on which the SWP is effected)

Dear Sir/Madam,

Please cease my SWP 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 SWP].

Signatures:

Holder 1

Holder 2

Holder 3

Date: _____

*Note: This request form to cease SWP & 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 and lead time required by bank(s) wherever applicable.

Acknowledgement Slip

We acknowledge the receipt of the request for Cancellation of SWP

Received from _____ Mutual Fund: _____

Folio No: _____ From Scheme: _____

[subject to scrutiny and verification]. Date of receipt at CAMS CSC _____