REQUEST FOR CANCELLATION OF SIP

(Notice of discontinuance should be received 30 days prior to the subsequent SIP date)
Please fill in the information below legibly in English and in CAPITALS

Sponsors: The Investment Trust of India Limited and Fortune Credit Capital Limited

Trustee Company: ITI Mutual Fund Trustee Private Limited

Investment Manager: ITI Asset Management Limited
Naman Midtown, 'A' Wing, 21st Floor, Senapati Bapat Marg
Prabhadevi, Mumbai 400 013 CIN: U67100MH2008PLC177677

ITI Mutual Fund
Long-term wealth creators

1st/Sole Unit Holder Name

Folio No. **Aadhar Card No.**

PAN **Mobile No.**

Email ID

Dear Sir/Madam,

Please cancel my SIP registered in the above Folio No. under Scheme _____ and stop the

○ Electronic Debit (ECS/Autodebit/One Time Bank Mandate)

○ Post Dated Cheques

Direct debit/ECS/NACH of ₹ _____ from my Bank _____

Account Number _____ with effect from* _____

*[Specify month and year from which you need to cease/Stop SIP]

SIP DETAILS		
[Please tick (✓) below whichever applicable]		
○ **SIP**	Start Date D D M M Y Y Y Y	End Date D D M M Y Y Y Y
	Frequency: ○ Daily	○ Weekly ○ Monthly

SIGNATURE(S) as per ITI Mutual Fund records		
Sole/First Unit Holder/Guardian	**Second Unit Holder**	**Third Unit Holder**

Date D D M M Y Y Y Y

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Received from: Mr./Ms./M/s. _____

Folio No. _____ Request for Cancellation of SIP

under the Scheme _____ Plan _____ Option _____

Frequency: ○ Daily ○ Weekly ○ Monthly

○ Electronic Debit (ECS/Autodebit/One Time Bank Mandate) ○ Post Dated Cheques

Collection Center's Stamp, Receipt Date and Time

Toll Free Number:	Non Toll Free Number:	Email:	Website:
1800-266-9603	022-66214999	mfassist@itiorg.com	www.itimf.com