Systematic Investment Plan (SIP) / Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) Cancellation Request Form

IDBI Asset Management Limited
CIN: U65100MH2010PLC199319
Registered Office: IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005.
Corporate Office: 4th Floor, IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005.
Tel: (022) 66442800 Fax: 66442801 Website: www.idbimutual.co.in Email: contactus@idbimutual.co.in

Form No.

ARN-169080 E334451

☐ SIP Cancellation

DC Number:
(for Office Use) _____

Scheme Name: _____

Plan _____ Option: _____

SIP Amount (Rs.) _____ Frequency: ☐ Daily ☐ Monthly ☐ Quarterly

SIP Date: ☐ 1st / ☐ 5th / ☐ 10th / ☐ 15th / ☐ 20th / ☐ 25th

SIP Cancellation Effective Date: _____ / _____/_____

Investor Bank Name: _____

Investor Account No. | | | | | | | | | | | | | | | | |

☐ STP Cancellation

From Name: _____

To Scheme: _____

STP Amount (Rs.)_____ Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

STP Date: ☐ 1st / ☐ 5th / ☐ 10th / ☐ 15th / ☐ 20th / ☐ 25th

SIP Cancellation Effective Date: _____ / _____/_____

☐ SWP Cancellation

Scheme Name: _____

SWP Amount (Rs.)_____ Frequency: ☐ Monthly

SWP Date: ☐ 25th

SIP Cancellation Effective Date: _____ / _____/_____

INSTRUCTIONS

1. Please provide separate requests in case of multiple cancellations
2. All the details on the form need to be filled for smooth processing of the cancellation transaction.
3. SIP discontinuation request should be received at least 21 days prior to the next due date of the SIP.
4. STP discontinuation request should be received at least 7 days prior to the due date of the next transfer date.
5. SWP discontinuation request should be received at least 7 days prior to the due date of the next transfer date.
6. In case of any ambiguity, the SIP/STP/SWP cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny at the back office of the registrar.
7. The Cancellation form should be signed depending upon mode of holding.

_____ _____ _____

Sole / First Applicant / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory

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ACKNOWLEDGEMENT SLIP

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Date: _____ / _____ / _____

RECEIVED from Mr. / Ms. / M/s. _____

_____

application for Cancellation of SIP/STP/SWP.

Stamp, Signature & Date