

1. Applicant Information

Name of Sole / First Unitholder	First Name	Middle Name	Last Name
Folio No.	PAN		

2. SIP Cancellation Request (10 calendar days required to discontinue the SIP from the receipt of the request)

Reason for Cancellation of SIP

<input type="checkbox"/> Service issue	<input type="checkbox"/> This is not the right time to invest	<input type="checkbox"/> Not comfortable with market volatility	<input type="checkbox"/> Goal Achieved
<input type="checkbox"/> Scheme not performing	<input type="checkbox"/> Will be restarting SIP after few months	<input type="checkbox"/> Load revised	<input type="checkbox"/> Change in Fund Manager
<input type="checkbox"/> Modifications in bank/mandate/date etc	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Wish to invest in other schemes	<input type="checkbox"/> I have decided to invest elsewhere
<input type="checkbox"/> Non availability of Funds	<input type="checkbox"/> Others _____		

Scheme Name	Samco	Scheme Name	Plan	Option / Sub-Option
SIP Debit Date	D D	SIP Cancellation effective Date	D D M M Y Y Y Y	SIP Amount
Bank A/C No.	Bank Name			
SIP Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly			

3. Signature/s (To be signed as per nide of holding)

Signature (s)	First Holder	Second holder	Third Holder
Name			

General Instructions

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions and notes are subject to SEBI & AMFI guidelines as amended from time to time

SIP Cancellation
 Please note that it would take 10 calendar days for the SIP to discontinue from the date of receipt of the duly filled request.
 Any installment due during this period might get debited from the bank account if it falls within 10 calendar days.