

**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

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]

<input type="radio"/> SIP	Start Date	<input type="text" value="D D M M Y Y Y Y"/>	End Date	<input type="text" value="D D M M Y Y Y Y"/>
	Frequency:	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Monthly

**SIGNATURE(S) as per ITI Mutual Fund records**

  Sole/First Unit Holder/Guardian	  Second Unit Holder	  Third Unit Holder
--	--	--

Date **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 ChequesCollection Center's Stamp,  
Receipt Date and Time