

# SIP Cancellation Request Form



**SUNDARAM MUTUAL**

**Note:** The SIP cancellation request must reach us 21 days prior to the next SIP date. Please use one SIP cancellation form per scheme.

ARN-4464

E032737 VIKRAM S. BAGADTHEY

1. Unit holders' Names	
Folio Number	
Sole/First Holder	
Second Holder	
Third Holder	

2. Please indicate details of your SIP		<input type="checkbox"/> If Micro SIP please tick		
Fund Name				
Mode of SIP	<input type="checkbox"/> Auto Debit	<input type="checkbox"/> Post-dated cheques		
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct		
Option	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Dividend sweep	<input type="checkbox"/> Growth
SIP Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
SIP Date [Please ✓]	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 14	<input type="checkbox"/> 20 <input type="checkbox"/> 25

**5. Declaration**  
I/We hereby request you to cancel my Systematic Investment Plan in the above-mentioned folio. I understand that if my SIP cancellation request is submitted later than 21 days prior to the next SIP date and if my next succeeding SIP purchase falls within this period the transaction will be processed even though the SIP cancellation has been registered. I understand that in case a redemption request is submitted along with an SIP cancellation request, I would need to submit a fresh redemption request for any SIP purchase that would take place in the interim period.

6. Signature(Mandatory Field)		
Sole/First Holder	Second Holder	Third Holder

Request Date..... Place.....

Acknowledgement	Sundaram Mutual Fund
Received, subject to verification, request for SIP Cancellation Request Form	ISC Stamp & Signature
Folio No.: .....	
Scheme Name: .....	