CANCELLATION FORM FOR SIP / STP / SWP / DTP



	ked with asterisk (*) to be mandat		апт от пот аррпсаые.			
ARN code	RIA / PMRN code**		A / PM Name	Sub broker ARN code	Sub broker code	EUIN*
\RN-446	4 RIA/PMRN -	VIKRAM S.	BAGADTH	EY ARN-		E03273
(Please ✓ if a case the EUIN box	has been left blank, please refer the registered distributor, based on the in-	point related to EUIN in the	Declaration & Signatures	section overleaf. Upfront commissi	,	,
st Unit						
lio No.						
. SIP CANCELL	ATION REQUEST : Please arrange	e to cancel my SIP as per	following details			
heme			Plan		Option	
Frequency		Investor Bank Name				
P Amount ₹		Investor Bank Account No.				
Start Date	D M M Y Y Y	SIP End Date	D D M M Y	YYY		
	est must be submitted 15 business days _ATION REQUEST : Please arrang					
om Scheme			Plan		Option	
Scheme			Plan		Option	
P Frequency			STP Amou	nt ₹		
P Start Date	D M M Y Y Y	STP End Date	D D M M Y	/ Y Y Y		
	uest must be submitted 10 business days		,			
	LATION REQUEST : Please arran	ge to cancel my SWP as p			Ontion	
heme			Plan	. =	Option	
/P Frequency /P Start Date		SWP End Date	SWP Amou	nt र		
	uest must be submitted 10 business day		P due date.)			
. DIVIDEND TRA	ANSFER PLAN : Please arrange to	o cancel my DTP as per fo	ollowing details			
heme			Plan		Option	
	uest must be submitted 7 days prior to the NAND SIGNATURE(S)	e Record date for the dividend.	.)			
e hereby confirm and decl	are as under: I/We have read and understood the cont					
e neither received nor bee	tructions. I/We, hereby apply to the Trustee of YES Mu n induced by any rebate or gifts, directly or indirectly in	making this investment. I/We declare tha	it I am/We are authorised to make th	is investment and the amount invested in the Schei	me is through legitimate sources only	and is not designed for the purp
able to him for the differe	any Act, Regulation, Rule, Notification, Directions or a ent competing Schemes of various Mutual Funds from	amongst which the Scheme(s) is/are being	ing recommended to me/us. I/We d	eclare that the information given in this application	on form is correct, complete and truly	stated. In the event of my/our
Folio Transaction Charges	e satisfaction of the AMC/YES Mutual Fund, I/We herebase as applicable. I/We agree to notify YES Asset Manage	ment (India) Limited immediately in the e	event the information in the self-cer	tification changes. For investors investing in Direct	Plan: I/We hereby agree that the AN	C has not recommended or advi
,000 in a year. Applicable	ity or appropriateness of the product/scheme/plan. Ap to NRIs: I/We confirm that I am/We are Non-Residen	it(s) of Indian Nationality/Origin and I/W	e hereby confirm that the funds for	subscription have been remitted from abroad thro	ugh normal banking channels or fro	m funds in my/our Non - Resid
intrue or misleadina or mis	FCNR Account(s). FATCA and CRS Declaration: I/We has representing, I/We shall be liable for it. I/We also und	ertake to keep vou informed in writina abo	out any changes/modification to the	above information in future and also undertake to a	provide any other additional informa	tion as mav be reauired at vour e
/e hereby authorise you to plovees ('the Authorised P	disclose, share, remit in any form, mode or manner, all arties') or any Indian or foreian governmental or statut	l/any of the information provided by me/u tory or iudicial authorities/agencies includ	us, including all changes, updates to dina but not limited to the Financial	such information as and when provided by me/us t Intelligence Unit-India (FIU-IND), the tax/revenu	o Mutual Fund, its Sponsor, Asset Ma e authorities and other investigation	nagement Company, trustees, t agencies without any obligatio
ising me/us of the same. I he above distributor or not	Please tick the EUIN space is left blank: I / We here withstanding the advice of in-appropriateness, if any, p	by confirm that the EUIN box has been intprovided by the employee/relationship ma	tentionally left blank by me/us as thi anager/sales person of the distributo	is is an "execution-only" transaction without any ir or and the distributor has not charged any advisory f	iteraction or advice by the employee/ ees on this transaction.	relationship manager/sales per
OUR SIGNATURE/S be signed by all holders if						
mode of operation is " Joint	Signature of first uni	it holder	Signature of seco	and unit holder	Signature of third u	nit holder
~	Oignature of first time	t Holder				>
ES MUTU	AL FUND ACKNOWLE	DGMENT SLIP (T	o be filled in by t	he investor)		
eceived			io No.			
Tick	Scheme Name		Plan	Option		
SIP						

Signature, Stamp & Date

STP SWP __ DTP

INSTRUCTIONS

- 1. Please use separate cancellations forms for different schemes in the same folio or different folios.
- 2. In case of joint holders in the folio, the form needs to be signed by either one of the holders or all the holders depending upon the mode of holding.
- 3. Investors can discontinue their systematic transactions by providing sufficient notice as follows: SIP 15 calendar days, STP / SWP 7 calendar days, SIP via NACH 31 days.
- 4. In the absence of sufficient no. of days as mentioned above the cancellation would be effected from the next eligible cycle date.
- 5. Investor needs to ensure that the details mentioned in the Cancellation form are correctly filled in. In case of any ambiguity the cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/verification at back office of the Registrar.