

Cancellation Form for SIP/ STP/ SWP

ARN-4464

E032737 VIKRAM S. BAGADTHEY

First/Sole Unit holder Name

Folio No.

1. SIP Cancellation Request (✓)

Scheme Name	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value=""/>	Plan	<input type="text" value=""/>	Option	<input type="text" value=""/>
SIP Reference No.	<input type="text" value="Mandatory"/>	SIP Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Amount	<input type="text" value=""/>		
SIP Start Date	<input type="text" value="D D M M Y Y Y Y"/>	SIP End Date	<input type="text" value="D D M M Y Y Y Y"/>				
Bank Name	<input type="text" value=""/>						
Bank Account No.	<input type="text" value=""/>						

2. STP Cancellation Request (✓)

From Scheme	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value=""/>	Plan	<input type="text" value=""/>	Option	<input type="text" value=""/>
To Scheme	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value=""/>	Plan	<input type="text" value=""/>	Option	<input type="text" value=""/>
STP Reference No.	<input type="text" value="Mandatory"/>	STP Frequency(✓)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	STP Amount	<input type="text" value=""/>		
STP Start Date	<input type="text" value="D D M M Y Y Y Y"/>	STP End Date	<input type="text" value="D D M M Y Y Y Y"/>				

3. SWP Cancellation Request (✓)

From Scheme	<input type="text" value="Invesco India"/>	Scheme Name	<input type="text" value=""/>	Plan	<input type="text" value=""/>	Option	<input type="text" value=""/>
SWP Reference No.	<input type="text" value="Mandatory"/>	SWP Frequency(✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SWP Amount	<input type="text" value=""/>		
SWP Start Date	<input type="text" value="D D M M Y Y Y Y"/>	SWP End Date	<input type="text" value="D D M M Y Y Y Y"/>				

4. Signature/s (To be signed by all holders if the mode of operation is "Joint")

 Signature of First Unit Holder/ Guardian/ POA	 Signature of Second Unit Holder	 Signature of Third Unit Holder
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Acknowledgement (To be filled by the Applicant)

Received from <input type="text" value="Mr. / Ms. / M/s."/>	Date <input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value=""/>
Folio Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
<input type="checkbox"/> SIP <input type="checkbox"/> STP <input type="checkbox"/> SWP	Signature, Stamp & Date	