

# SIP/STP/SWP/VTP/TRIP CANCELLATION FORM

ARN-4464 E032737 VIKRAM S. BAGADTHEY



## 1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Name of 1<sup>st</sup> Unit Holder: \_\_\_\_\_ Folio No.: \_\_\_\_\_

## 2. SIP CANCELLATION REQUEST SIP SIP Top up SIP Through Postdated cheques

I / We wish to discontinue my Systematic Investment Plan (SIP) for the below given details:

From Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

SIP Installment Amount: ₹ \_\_\_\_\_ I.H No.\*\*: \_\_\_\_\_ SIP Date:  D  D

SIP cancellation request must be submitted 15 business days in advance from next sip due date. All the above fields are mandatory otherwise request will be liable for rejection.

## 3. STP / VTP CANCELLATION REQUEST

I / We wish to discontinue my  Systematic Transfer Plan (STP) /  Variable Transfer Plan (VTP) for the below given details: Please

From Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

To Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

Frequency Date: Please   Daily  Weekly  Fortnightly  Monthly  Quarterly I.H No.\*\*: \_\_\_\_\_

STP / VTP Installment Amount: ₹ \_\_\_\_\_ STP / VTP Date: Please   1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

STP cancellation request must be submitted 7 business days in advance from next STP due date. All the above fields are mandatory otherwise request will be liable for rejection.

## 4. SWP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Withdrawal Plan (SWP) for the below given details:

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

Frequency: Please   Monthly  Quarterly  Semi-annual  Annual I.H No.\*\*: \_\_\_\_\_

SWP Installment Amount: ₹ \_\_\_\_\_ SWP Date: Please   1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

SWP cancellation request must be submitted 7 business days in advance from next SWP due date. All the above fields are mandatory otherwise request will be liable for rejection.

## 5. TRIP CANCELLATION REQUEST

I / We wish to discontinue my Trigger Investment Plan (TRIP) for the below given details:

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

Frequency: Please   Fixed Installment Option  Flexible Instalment Option I.H No.\*\*: \_\_\_\_\_

TRIP cancellation request must be submitted 7 business days in advance from next TRIP due date. All the above fields are mandatory otherwise request will be liable for rejection.

## 6. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S)

I/We wish to discontinue my SIP/STP/SWP/VTP/TRIP Plan in above mentioned scheme. I/We would request you to cancel / stop SIP/STP/SWP/VTP/TRIP registered with you.

Signature of 1st Applicant/Guardian/ Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/ Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/ Authorised Signatory/PoA
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## 7. INSTRUCTIONS - COMMON TO SIP/STP/SWP/VTP/TRIP

- The investors can use the this cancellation form to discontinue SIP/STP/SWP/VTP/TRIP registered/in a given scheme in a given folio/account with Mirae Asset Mutual Fund.
- SIP cancellation request must be submitted 15 business days in advance from next sip due date to any of the offices of Mirae Asset Mutual Fund or its Authorised Collection center on receipt of such request the SIP will be terminated.
- The investor has the right to discontinue STP/SWP/VTP/TRIP at any time he/she so desires by sending cancellation form at least 7 business days in advance of the immediate next due date to any of the offices of Mirae Asset Mutual Fund or its Authorised Collection center on receipt of such request the STP/SWP will be terminated.
- Investor needs to ensure that the details mentioned in the SIP/STP/SWP/VTP/TRIP Cancellation form are correctly filled in. In case of any ambiguity Cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/verification at the back office of the Registrar.
- \*\*I.H number is a unique In house reference available in SOA.
- In case of joint holders in the folio the form needs to be signed by either one of the holder or all the holders depending upon the mode of holding.

CANCELLATION APPLICATION ACKNOWLEDGEMENT SLIP

Received Cancellation for SIP/STP/SWP/VTP/TRIP \_\_\_\_\_ Folio No.: \_\_\_\_\_ as per details below:

Scheme Name and Plan	Details	Date & Stamp of Collection Centre / ISC
	<input type="radio"/> SIP Amount (₹) _____ <input type="radio"/> VTP Amount (₹) _____ <input type="radio"/> STP Amount (₹) _____ <input type="radio"/> TRIP Amount (₹) _____ <input type="radio"/> SWP Amount (₹) _____	Subject to verification of documents

01-2020

# SIP/STP/SWP/VTP/TRIP CANCELLATION FORM



ARN-4464

E032737 VIKRAM S. BAGADTHEY

Distributor Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code RIA No.	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp, Sign, Reference No.

**1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)**

Name of 1<sup>st</sup> Unit Holder: \_\_\_\_\_ Folio No.: \_\_\_\_\_

**2. SIP CANCELLATION REQUEST**     SIP     SIP Top up     SIP Through Postdated cheques

I / We wish to discontinue my Systematic Investment Plan (SIP) for the below given details:

From Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_  
 SIP Installment Amount: ₹ \_\_\_\_\_ I.H No.\*\*: \_\_\_\_\_ SIP Date: D D

SIP cancellation request must be submitted 15 business days all others are 7 business days. All the above fields are mandatory otherwise request will be liable for rejection.

**3. STP / VTP CANCELLATION REQUEST**

I / We wish to discontinue my  Systematic Transfer Plan (STP) /  Variable Transfer Plan (VTP) for the below given details: Please (✓)

From Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_  
 To Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_  
 Frequency Date: Please (✓)  Daily  Weekly  Fortnightly  Monthly  Quarterly I.H No.\*\*: \_\_\_\_\_  
 STP / VTP Installment Amount: ₹ \_\_\_\_\_ STP / VTP Date: Please (✓)  1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

STP cancellation request must be submitted 7 business days in advance from next STP due date. All the above fields are mandatory otherwise request will be liable for rejection.

**4. SWP CANCELLATION REQUEST**

I / We wish to discontinue my Systematic Withdrawal Plan (SWP) for the below given details:

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_  
 Frequency: Please (✓)  Monthly  Quarterly  Semi-annual  Annual I.H No.\*\*: \_\_\_\_\_  
 SWP Installment Amount: ₹ \_\_\_\_\_ SWP Date: Please (✓)  1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

SWP cancellation request must be submitted 7 business days in advance from next SWP due date. All the above fields are mandatory otherwise request will be liable for rejection.

**5. TRIP CANCELLATION REQUEST**

I / We wish to discontinue my Trigger Investment Plan (TRIP) for the below given details:

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_  
 Frequency: Please (✓)  Fixed Installment Option  Flexible Instalment Option I.H No.\*\*: \_\_\_\_\_

TRIP cancellation request must be submitted 7 business days in advance from next TRIP due date. All the above fields are mandatory otherwise request will be liable for rejection.

**6. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(f) of KIM]**

**To The Trustees, Mirae Asset Mutual Fund (The Fund)** – (A) Having read and understood the contents of the SID/SAI/KIM of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in /with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Investment Managers (India) Private Limited\* (AMC) / Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India: I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio. (M) I/We authorize to cancel my/our unused SIP cheque (s) issued for the above mentioned scheme and send back to my/ our address registered in your records. (N) I/We wish to discontinue my SIP/STP/SWP/VTP/TRIP Plan in above mentioned scheme. I/We would request you to cancel / stop SIP/STP/SWP/VTP/TRIP registered with you. \*Securities and Exchange Board of India ("SEBI") vide its letter dated November 20, 2019 bearing reference no. SEBI/HO/IMD/DFS/OW/2019/30719/1 ("SEBI NOC") had granted their non-objection to transfer the AMC Business from Mirae Asset Global Investments (India) Pvt Ltd to Mirae Asset Investment Managers (India) Private Limited\*. Kindly refer notice cum addendum no. AD/28/2019 dated November 25, 2019 for further details.

Signature of 1st Applicant/Guardian/ Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/ Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/ Authorised Signatory/PoA
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CANCELLATION APPLICATION ACKNOWLEDGEMENT SLIP

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.