

CANCELLATION OF SYSTEMATIC INVESTMENT PLAN (SIP)

 Date

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To,

Old Bridge Mutual Fund,

I/We had given a instruction for deduction of

Amount (Rs)*		Folio No.*	Plan*	Daily	Weekly	Forthnighly	Monthly	Quarterly	Half Yearly	Yearly
Scheme*			<input type="checkbox"/> Regular							
			<input type="checkbox"/> Direct							
Investor Bank Name*										
Account No.*										

*All fields are mandatory.

I/We wish to discontinue my Systematic Investment Plan in the above mentioned scheme. I/We request you to cancel /stop deducting the SIP amount registered with you from my/our above account from the ensuing month.

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.

Yours Truly

(Signature as per Old Bridge Mutual Fund)

	Sole/1 st Holder	2 nd Holder	3 rd Holder
Name			
Signature			

Please note : AMC will discontinue the SIP mandate within 2 Business days form the date of receipt of valid cancellation request.

ACKNOWLEDGE SLIP

Received from								Signature, Date and Stamp of Receiving Officer
An application for cancellation of SIP in Folio No.								
Plan*	Daily	Weekly	Forthnighly	Monthly	Quarterly	Half Yearly	Yearly	
<input type="checkbox"/> Regular								
<input type="checkbox"/> Direct								