

## **CANCELLATION OF SYSTEMATIC INVESTMENT PLAN**

Toll Free Number: 1-800-570-5001   Email: support@	capitalmindmf.com   Website : https://www.capitalmindmf.com
INVESTOR DETAILS	
olio Number	
ole / First Unit Holder First Name	Middle Name Last Name
uardian Name	
AN Details 1st Applicant	2nd Applicant 3rd Applicant
SIP DETAILS	
heme	Plan
otion	D D SIP ref
nount	SIP Start M M Y Y Y Y SIP End M M Y Y Y Y
DEBIT BANK DETAILS	
nk Name	Branch
count No	
We wish to discontinue my Systematic Investment Plan in gistered with you from my / our above account from the	in above mentioned scheme. I/We would request you to cancel / stop deducting the SIP amount ensuring month m m y y
Sole / First Applicant (Signature as per Capitalmind Mutual	Second Applicant  (Signature as per Capitalmind Mutual  (Signature as per Capitalmind Mutual
Fund)	Fund) Fund)
me (as per bank record)	
Sole / First Applicant (Signature as per Investor Bank records)	Second Applicant Third Applicant (Signature as per Investor Bank records)  Second Applicant Third Applicant (Signature as per Investor Bank records)
INSTRUCTIONS	
This form is applicable only for a single folio. A sepa	rate form must be used for each folio.
For cancellation of multiple SIPs, please submit sep forms are liable to be rejected	parate forms for each SIP. Ensure that all relevant details are accurately filled. Incomplete or incorrect
	or the specified SIP(s). It does not trigger an automatic redemption of the units held in the scheme.
request may still be debited from your bank account	
ACKNOWLEDGEMENT SLIP - (To be filled in b	y the investor)
ceived an application for cancellation of Systematic In	vestment Plan for
io Number	Scheme
on Option	with SIP date D D M M Y Y Y Y Stamp & Signature