

Date:

To,

PPFAS Mutual Fund,

I/We had given a instruction for deduction of

Amount (Rs) *		Folio No. *							
Scheme*		Plan*	<input type="checkbox"/> Regular	<input type="checkbox"/> Monthly (Any date, maximum six)			<input type="checkbox"/> Quarterly (Any date, maximum six)		
			<input type="checkbox"/> Direct	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

Please select any one of the below mentioned reason for cancellation of SIP:

Non availability of funds <input type="checkbox"/>	Scheme not performing <input type="checkbox"/>	Service Issue <input type="checkbox"/>	Load revised <input type="checkbox"/>
Wish to invest in other scheme <input type="checkbox"/>	Change in fund manager <input type="checkbox"/>	Goal changed <input type="checkbox"/>	
Others, Please specify _____			

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 PPFAS Mutual Fund)

	Sole/First Applicant	Second Applicant	Third Applicant
Name			
Signature			

Please note: The discontinuation request should be received at least 10 days, prior to the next due date of SIP, else the cancellation would be effected from the subsequent debit only.



ACKNOWLEDGMENT SLIP					
Received from					
An application for cancellation of SIP in Folio No.					
<input type="checkbox"/> Monthly (Any date, maximum six)	<input type="checkbox"/> Quarterly (Any date, maximum six)	<input type="checkbox"/> Regular		Signature, Date and Stamp of Receiving Officer	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Direct			