Date:	

To,

PPFAS Mutual Fund,

I/We had given a instruction for deduction of

Amount (Rs) *		Folio No. *					
Scheme*		Plan*	☐ Regular	☐ Monthly (Any date, maximum six)		☐ Quarterly (Any date, maximum six)	
			☐ 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 PPFAS Mutual Fund)

	Sole/First Applicant	Second Applicant	Third Applicant
Name			
Signature			

Please note : The discontinuation request should be received at least 15 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.	

☐ Monthly (Any date, maximum six)	☐ Quarterly (Any date, maximum six)	☐ Regular	Signature, Date and Stamp of Receiving Officer
		☐ Direct	