RELIANCE MUTUAL FUND

Wealth Sets You Free

Reliance Nippon Life Asset Management Limited
(formerly Reliance Capital Asset Management Limited)

SIP Cancellation Form

Date: DD / MM / YYYY

To
Reliance Mutual Fund

Dear Sir,

I/We, had given instruction for deduction of ₹ _____ (Mandatory) _____ Folio No. _____ (Mandatory) _____

Scheme _____ (Mandatory) _____ Plan _____ (Mandatory) _____ Option _____ (Mandatory) _____

for SIP Cycle Date _____ (Mandatory) _____ with _____ (Mandatory) _____ frequency through the following mode.

Investors Bank Name: _____ (Mandatory) _____ Bank Account No. _____ (Mandatory) _____

☐ Electronic Debit (ECS / Autodebit / One Time Bank Mandate)

☐ Post Dated Cheques

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 ____ MM / YYYY ____
I/We authorize to cancel my/our unused SIP cheque(s) if any issued for the above mentioned scheme and send back to my/our address registered in your records.

Kindly forward this instruction to my banker wherever applicable

Yours truly,
(Signature as per Reliance Mutual Fund).

	Sole/First Applicant	Second Applicant	Third Applicant
Investor Name			
Signature			

(Signature as per Investors Bank Records)

	Sole/First Holder/Authorised Signatory	Second Holder/Authorised Signatory	Third Holder/Authorised Signatory
Investor Name			
Signature			

Please note: The discontinuation request should be received at least 21 working days prior to the next due date of the SIP. On the receipt of such a request, the SIP will be discontinued for the folio and balance post dated cheques (if applicable) will be returned to the unit holder.

SIP Cancellation Form / 12th Jan 2018 / Ver 1.6

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ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Received from Mr./Mrs./Ms. _____ an application for cancellation of

SIP for ₹ _____ in Folio No. _____ under Reliance _____

with _____ frequency through the following mode.

☐ Electronic Debit (ECS / Autodebit / One Time Bank Mandate) ☐ Post Dated Cheques

Signature, Date & Stamp
Of receiving office