

Please refer to the notes	s for assistance and complete	all sections in English. For	legibility, please use	BLOCK LETTERS in black or da	rk ink.	
1. PERSONAL DE	TAILS					
First Unit Holder						
F i r s t n a	a m e	M i d d	lenam	e	Lastname	
Folio				PAN		
Mobile		Email ID				
2. SIP CANCELLA	TION REQUEST (Please co	omplete section 6 as wel	ll) (See notes over	rleaf)		
Scheme			Plan	Option		
SIP Auto Debit Date (Plea	ase √) 1st 10th	15th 20th	25th All f	five dates		
SIP Installment Amount R	S			Ceasure Date	D D M M Y Y Y Y	
Bank Account No.			B	ank Name		
3. STP CANCELLA	ATION REQUEST (See note	es overleaf)				
From Scheme			Plan	Option		
To Scheme			Plan	Option		
Ceasure Date	ΜΙΜΙΥΙΥΙΥΙΥ					
Transfer Frequency (Plea	se \checkmark the appropriate option)					
Weekly Day of the week			Monthly Quarterly			
Fortnightly Date 1st 15th		Date 🗆 1st 👘 10th		10th 🗆 15th 🗆 20th 🗆 25	□ 15th □ 20th □ 25th	
Transfer Preference (\checkmark)	Amount Rs.		Capital Apprecia	ation Rs		
4. SWP CANCELL	ATION REQUEST (See not	es overleaf)				
Scheme			Plan	Option		
Withdrawal Date	t 10th 15th	20th 25th	Withdrawal Frequer	ncy Monthly Q	uarterly	
Withdrawal Installment Rs.			Ceasure Date	D M M Y Y Y Y		
	125/0					
5. YOUR SIGNATU	JRE/S					
X Signature of first unit holder		X Signature of second unit holder (To be signed by all holders if the mode of operation is "Join		•	X Signature of third unit holder nt")	
6. INSTRUCTION	TO BANK (In case of SIP)					
The manager Name of your bank		Branch		City	City	
I/We have cancelled my/c	our SIP dated D D M M M	of every month	n/quarter in	Scheme name	foramount	
with L&T Mutual Fund. Ple	ease discontinue debit to my abo	ove account number (mention	ed in section 4) for the	e said SIP with immediate effect.		
Name of Sole/1st Bank A/C holder		Name of 2nd Bank A/C holder		Name of 3rd Bank A/C ho	Name of 3rd Bank A/C holder	
Sign as per bank records		Sign as per bank records		Sign as pe	Sign as per bank records	
X Signature of Sole/1st Bank A/C holder		X Signature of 2nd Bank A/C holder		X Signature of	X Signature of 3rd Bank A/C holder	

(To be signed by all holders if the mode of operation of Bank Account is "Joint")