REQUEST FOR TERMINATION OF SIP/SWP/STP

Birla Sun Life
Mutual Fund

[Tick whichever applicable]
- ☐ SIP
- ☐ SWP
- ☐ STP

FOLIO NUMBER										

START DATE	D	D	M	M	Y	Y	Y	Y

END DATE	D	D	M	M	Y	Y	Y	Y

SIP DATE	D	D	M	M	Y	Y	Y	Y

Scheme [Source scheme in case of STP]: BSL_____

Target Scheme [applicable only in case of STP] BSL_____

Dear Sir/Madam,

Please Terminate my SIP/SWP/STP [tick whichever applicable] registered in the above referred Folio No. and Scheme for Rs. _____

and stop the Direct debit / ECS of Rs._____from my Bank _____

account number _____ with effect from _____*

*[specify month & year from which you need to cease/stop SIP/SWP/STP].

Signature(s): _____

Date	D	D	M	M	Y	Y	Y	Y