



Ashika Stock Services Ltd

Trinity,226/1 A.J.C Bose Road,7th Floor Kolkata-700020

ARN - 12417

SIP CANCELLATION REQUEST

DATE:

Folio No.:

PAN:

PERSONAL DETAILS

1st Unit Holder Name

2ndUnitHolderName

3rdUnitHolderName

Mobile:

Email ID:

SIP CANCELLATION REQUEST

Scheme:

Plan: Regular Option: _____

SIP Auto Debit Date:

Frequency: Monthly

Quarterly

SIP Installment Amount Rs. _____

Ceasure Date:

Bank Name: _____

Bank Account No. _____

First Applicant	Second Applicant	Third Applicant

INSTRUCTION TO BANK

The Manager _____

Branch _____

City: _____

I/we have cancelled my/our SIP dated Of every month/quarter in _____ for _____ with _____ Mutual Fund.

Please discontinue debit to my above account number for the said SIP with immediate effect.

Name of Sole/1 st Holder	Name of the 2 nd Holder	Name of the 3 rd Holder
Signature of Sole/ 1st Bank A/C holder	Signature of 2 nd Bank A/C holder	Signature of 3 rd Bank A/C holder

SIP CANCELLATION Acknowledgement Slip

Received from _____

Folio No.: _____

Scheme: _____

Plan: Regular

Option: _____

Ceasure Dt.:

Receipt Stamp & Sign with date