



To,

360 ONE Mutual Fund

Date: _____

Dear Sir/Madam,

I/We wish to discontinue my Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) in the scheme mentioned below.

I/We request you to cancel/stop deducting the STP / SWP amount registered with you from my/our below mention folio number _____ with effect from _____

STP Cancellation request:

From Scheme Name: Plan:

To Scheme Name: Plan:

Frequency: Amount:

STP Start Date: STP end date:

Cancellation with effect from:

SWP Cancellation request:

From Scheme Name: Plan:

Frequency: Amount:

SWP Start Date: SWP end date:

Cancellation with effect from:

Yours Truly,

	Sole / First Applicant	Second Applicant	Third Applicant
Investor Name			
Signature			

* Fields are mandatory else request is liable for rejection.

Note: The discontinuation request should be received at least 10 calendar days prior to the next due date of the SIP.



ACKNOWLEDGEMENT SLIP

Received from Mr./Mrs./Ms.

an application for cancellation of STP / SWP in Folio No

Scheme/ Plan/ Option/ Sub-Option

Signature, Date and Time
Stamp of receiving office.