

То			MUTUAL FUND
JM Financial Mutual F	und		
Dear Sir,			
I/We, had given instruction for deduction of Rs		Folio No	
Scheme		Plan	Option
			frequency through the following mode.
Investors Bank Name	:	Bank Account No.	
Electronic Debit (NAC	CH / Autodebit / One Time Bank Mandate	2)	
I/We wish to disconti	nue my Systematic Investment Plan in t	ne above mentioned scheme.	
or			
I/We request you to Pause the deduction of the SIP amount registered with you from my/our above account from < Date > to <date></date>			
Kindly forward this instruction to my banker wherever applicable.			
	Sole/First Applicant	Second Applicant	Third Applicant
Investor Name			
Signature			
Any installment fallin	continuation request should be received g within 15 days will be represented for h a request, the SIP will be discontinued	payment.	date of the SIP.
Acknowledgme (to be filled by the Inves	JM FINANCIAL MUTUAL FUND		

Received from Mr./Mrs./Ms. ______ an application for cancellation /

pause of SIP for Rs. ______in Folio No. ______ under JM Financial Mutual Fund _____

Electronic Debit (NACH / Autodebit / One Time Bank Mandate)

(Date) to (Date)

from