**Subject: Request for Cancellation of SWP**

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| **Cancellation of SWP** |
| Folio No. : |  |
| Name (SOLE / FIRST APPLICANT): |  |
| **Request for Cancellation of SWP** |
| Scheme Name  |  |
| Plan |  |
| Option |  |
| SWP Date  |  |
| SWP Frequency  | Monthly / Quarterly |
| SWP Amount: | Rs. |