

CANCELLATION FORM FOR SIP/ STP/ SWP / TRANSFER OF IDCW

Please read the instructions carefully and strike off any sections that are not relevant or not applicable. **Note: All field marked with asterisk (*) to be mandatorily filled.**

1. PERSONAL DETAILS	
First Unit Holder	<input style="width: 80%;" type="text"/>
Folio No.	<input style="width: 80%;" type="text"/>

2. SIP CANCELLATION REQUEST : Please arrange to cancel my SIP as per following details			
Scheme	<input style="width: 30%;" type="text"/>	Plan	<input style="width: 30%;" type="text"/>
		Option	<input style="width: 30%;" type="text"/>
SIP Frequency	<input style="width: 30%;" type="text"/>	Investor Bank Name	<input style="width: 30%;" type="text"/>
SIP Amount	₹ <input style="width: 30%;" type="text"/>	Investor Bank Account No.	<input style="width: 30%;" type="text"/>
SIP Start Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	SIP End Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>

(SIP cancellation request must be submitted 15 calendar days in advance from the next SIP due date.)

3. STP CANCELLATION REQUEST : Please arrange to cancel my STP as per following details			
From Scheme	<input style="width: 30%;" type="text"/>	Plan	<input style="width: 30%;" type="text"/>
		Option	<input style="width: 30%;" type="text"/>
To Scheme	<input style="width: 30%;" type="text"/>	Plan	<input style="width: 30%;" type="text"/>
		Option	<input style="width: 30%;" type="text"/>
STP Frequency	<input style="width: 30%;" type="text"/>	STP Amount	₹ <input style="width: 30%;" type="text"/>
STP Start Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	STP End Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>

(STP cancellation request must be submitted 7 business days in advance from the next STP due date.)

4. SWP CANCELLATION REQUEST : Please arrange to cancel my SWP as per following details			
From Scheme	<input style="width: 30%;" type="text"/>	Plan	<input style="width: 30%;" type="text"/>
		Option	<input style="width: 30%;" type="text"/>
SWP Frequency	<input style="width: 30%;" type="text"/>	SWP Amount	₹ <input style="width: 30%;" type="text"/>
SWP Start Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	SWP End Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>

(SWP cancellation request must be submitted 7 business days in advance from the next SWP due date.)

5. TRANSFER OF IDCW CANCELLATION REQUEST : Please arrange to cancel my Transfer of IDCW Plan as per following details			
From Scheme	<input style="width: 30%;" type="text"/>	Plan	<input style="width: 30%;" type="text"/>
		Option	<input style="width: 30%;" type="text"/>
IDCW Frequency	<input style="width: 30%;" type="text"/>		

(Cancellation for Transfer of IDCW Plan must be Submitted 7 business day prior to the record date for the IDCW (Income Distribution Cum Capital Withdrawal))

6. DECLARATION AND SIGNATURE(S)

I/We hereby confirm and declare as under: I/We have read and understood the contents of the Statement of Additional Information of Old Bridge Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of Old Bridge Mutual Fund for allotment of units of the respective Scheme(s) of Old Bridge Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Old Bridge Mutual Fund, I/We hereby authorise the AMC/Old Bridge Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Old Bridge Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify Old Bridge Mutual Fund immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my /our Non - Resident External/ Ordinary Account/ FCNR Account(s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please ✓ if the EUIN space is left blank: I / We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature (s) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

1st Holder Signature

2nd Holder Signature

3rd Holder Signature

ACKNOWLEDGMENT

CANCELLATION FORM FOR SIP/ STP/ SWP / TRANSFER OF IDCW				Date	<input style="width: 60%;" type="text"/>
Received from	<input style="width: 95%;" type="text"/>			Folio No.	<input style="width: 40%;" type="text"/>
Tick	Scheme Name	Plan	Option	Signature, Stamp & Date	
SIP					
STP					
SWP					
Transfer of IDCW					

TOLL FREE NUMBER : 1800 309 4034 EMAIL: services@oldbridgemf.com WEBSITE: www.oldbridgemf.com CIN: U67120MH2022PTC394844

INSTRUCTIONS

1. Please use separate cancellation forms.
2. In case of joint holders in the folio, the form needs to be signed by either one of the holders or all the holders depending upon the mode of holding.
3. Investors can discontinue their systematic transactions by providing sufficient notice as follows: SIP - 15 calendar days, STP / SWP / Transfer of IDCW - 7 business days, SIP via NACH - 21 working days.
4. In the absence of sufficient no. of days as mentioned above the cancellation would be effected from the next eligible cycle date.
5. Investor needs to ensure that the details mentioned in the Cancellation form are correctly filled in. In case of any ambiguity the cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/verification at back office of the Registrar.

**Mutual Fund investments are subject to market risks,
read all scheme related documents carefully.**



Old Bridge Asset Management Private Limited

Registered Office: 1705, One BKC, C wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

TOLL FREE NUMBER : 1800 309 4034 **EMAIL:** services@oldbridgemf.com **WEBSITE:** www.oldbridgemf.com **CIN:** U67120MH2022PTC394844