

UMRN

Date

Tick (✓)

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

Sponsor Bank Code

Utility Code

I/We hereby authorize

UTI Mutual Fund

to debit (tick ✓)

SB	CA	CC	SB-NRE	SB-NRO	Other
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Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☒ Mthly ☒ Qtrly ☒ H-Yrly ☒ Yrly ☒ As & when presented

DEBIT TYPES ☒ Fixed Amount ☒ Maximum Amount

Reference 1

Mobile No.

(Please enter mobile number registered in India only)

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or

☒ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in Bank records

2. Name as in Bank records

3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.



UTI SMaRT SIP Form

- ☐ Registration of SIP
- ☐ Renewal of SIP
- ☐ Micro SIP
- ☐ Salary Saving SIP
- ☐ Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MOCODE	UTI RM No.
ARN-115979	EUIN-E 172792				

☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certifies UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fee for this transaction. (Please tick and sign below when EUIN box is left blank)

APPLICANT DETAILS

APPLICATION NO./ FOLIO NO.



Name Of Sole / 1st holder / Beneficiary Child

Name Of Guardian (In case of Minor)

SIP DETAILS / Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period (MM/YY)	Additional Purchase	SIP Step Up	
						Amount In Multiple of: 500/-	Frequency
	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR <div></div></div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div>	From <div><div></div><div></div><div></div><div></div></div> <div>To <div><div></div><div></div><div></div><div></div></div></div> <div>OR</div> <div>To <div><div>1</div><div>2</div><div>9</div><div>9</div></div></div>	<div>Cheq. No. : <div></div></div> <div>AMT: <div></div></div> <div>Bank: <div></div></div>	<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>	
	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR <div></div></div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div>	From <div><div></div><div></div><div></div><div></div></div> <div>To <div><div></div><div></div><div></div><div></div></div></div> <div>OR</div> <div>To <div><div>1</div><div>2</div><div>9</div><div>9</div></div></div>	<div>Cheq. No. : <div></div></div> <div>AMT: <div></div></div> <div>Bank: <div></div></div>	<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>	
	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR <div></div></div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div>	From <div><div></div><div></div><div></div><div></div></div> <div>To <div><div></div><div></div><div></div><div></div></div></div> <div>OR</div> <div>To <div><div>1</div><div>2</div><div>9</div><div>9</div></div></div>	<div>Cheq. No. : <div></div></div> <div>AMT: <div></div></div> <div>Bank: <div></div></div>	<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>	
UTI Unit Linked Insurance Plan	<div><div></div><div></div></div>	<div><input type="checkbox"/> 5000</div> <div><input type="checkbox"/> 10000</div> <div><input type="checkbox"/> 25000</div> <div>OR <div></div></div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div> <div><input type="checkbox"/> *Half Yearly</div> <div><input type="checkbox"/> *Yearly</div>	From <div><div></div><div></div><div></div><div></div></div> <div>To <div><div></div><div></div><div></div><div></div></div></div> <div>OR</div> <div>To <div><div>1</div><div>2</div><div>9</div><div>9</div></div></div>	<div>Cheq. No. : <div></div></div> <div>AMT: <div></div></div> <div>Bank: <div></div></div>	<div><input type="checkbox"/> Half Yearly</div> <div><input type="checkbox"/> Yearly</div>	
Amount in the mandate to bank should be equal or more than this total amount	Total	gshgagsgsag					
* "Applicable only for UTI ULIP Scheme."							

My Financial Goal for this SIP (choose anyone).

- ☐ Retirement Corpus
- ☐ Child Education
- ☐ Child Marriage
- ☐ Dream Car
- ☐ Dream House
- ☐ Marriage
- ☐ Holiday

(In case of saving for Child, mention name of Child)

Target Amount

I/ We hereby authorise UTI MUTUAL FUND and their authorised service providers and my banker, to debit my/our bank account using the Mandate form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, above any changes in my bank account. I/ We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Schemes of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP, I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/ UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me / us for availing this facility and carrying out transactions of Purchase/ SIP/ Redemption/ Switch in my/ our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/ We wish to subscribe as available on UTI MF website (http:// www.utifund.com / customerservice/Pages/default.aspx) and also displayed/available at the UFC wherever applicable.

By signing this SIP enrolment form I/ We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied

1st Holder / Guardian

2nd Unit Holder

3rd Unit Holder

Unit Holding Option: ☐ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of name to mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted below. (Investor client ID should be printed in proof.)

Central Depository Securities Limited	Depository participant Name <input type="text"/> Target ID <input type="text"/>	National Securities Depository Limited	Depository participant Name <input type="text"/> DP ID No. <input type="text"/> Target ID No. <input type="text"/>
<input type="checkbox"/> Proof enclosed (Any one) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)			



UTI SmaRT SIP Form

(For Post Dated Cheque) (Only CTS - 2010 compliant cheques are allowed)

Haq, ek behtar zindagi ka.

- ☐ Registration of SIP
- ☐ Renewal of SIP
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- ☐ Change in Bank Details

ARN	EJIN	Sub ARN Code	Sub Code	MOCODE	UTIRN No.
ARN-115979	EJIN-E 172792				

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APPLICANT DETAILS	APPLICATION NO. / FOLIO NO. <input type="text"/>
Name Of Sole / 1st holder / Beneficiary Child	<input type="text"/>
Name Of Guardian (In case of Minor)	<input type="text"/>

PAN DETAILS	(If not registered in the folio already)	
First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied
PAN Exempt KYC Ref no (PEKRN for Micro investments) - <input type="text"/>	PAN Exempt KYC Ref no (PEKRN for Micro investments) - <input type="text"/>	PAN Exempt KYC Ref no (PEKRN for Micro investments) - <input type="text"/>

DETAILS OF SIP (For "DIRECT PLAN" please tick here ☐ & write the Scheme Name, Plan/ Option below)

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)	<input type="text"/>	Each SIP / Micro SIP Amount (₹)	<input type="text"/>
SIP / Micro SIP Date:	01 07 15 25	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Post Dtd. Chq. Amt. (₹) <input type="text"/>
SIP / Micro SIP Period: Start from	<input type="text"/>	End On**	<input type="text"/>
Cheque Nos. From	<input type="text"/>	To	<input type="text"/>
Account No.	<input type="text"/>	Drawn on	<input type="text"/>
Branch.	<input type="text"/>	PIN Code	<input type="text"/>

Mandatory Enclosure (if 1st instalment is not by cheque)
I/We have attached PAN card / Document Copies of all applicants.

☐ Bank cancelled cheque

☐ Copy of cheque

<input type="text"/>

1st Holder / Guardian

<input type="text"/>

2nd Unit Holder

<input type="text"/>

3rd Unit Holder