



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM FOR EQUITY, INDEX (EQUITY) AND HYBRID SCHEMES

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2025/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')

BDA / CA Code

ARN/RIA Code ^A	Name of Financial Advisor / Distributor	Sub Broker ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.
			Specific to bank branch			

^A By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified 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 notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (Please tick and sign below when EUIN box is left blank) (refer instruction 'w').

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

Existing Unit Holder information : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

APPLICANT'S PERSONAL DETAILS ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s

* Denotes Mandatory Fields

Name of First Applicant (Name as per the PAN card)

FIRST MIDDLE LAST
Date of Birth/ Incorporation* DDMMYY

Status of First/ Sole Applicant [Please tick (✓)] : ☐ Individual ☐ Non-Individual

[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction z & aa)

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

☐ Mr. ☐ Ms. ☐ Mrs. (Name as per the PAN card)

FIRST MIDDLE LAST
Date of Birth* DDMMYY

\$\$ Proof of date of birth and proof of relationship with minor to be attached (Refer instruction 'f').

*PAN/PEKRN\$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

First Applicant's Address (Do not repeat the name) Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*
Street/Road/Area/Post
City/Town* State Pin*

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

City*
State Country* Zip/Pin*

DETAILS OF OTHER APPLICANTS

Mode of Holding: ☐ Joint ☐ Anyone or Survivor

(Default - Joint holding)

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. (Name as per the PAN card)

Date of Birth of 2nd Applicant*

FIRST MIDDLE LAST

*PAN/PEKRN\$ OF 2ND APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. (Name as per the PAN card)

Date of Birth of 3rd Applicant*

FIRST MIDDLE LAST

*PAN/PEKRN\$ OF 3RD APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name		Branch
Address		MICR Code <input type="text"/>
	City *Pin <input type="text"/>	(this is a 9-digit number next to your cheque number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		IFS Code <input type="text"/>
Account No.	<input type="text"/>	(this is a 11-digit number)

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash	Account type (please ✓)
Account No.		<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> DD

Date DD/MM/YYYY

Amt. of investment (i)

Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of **"The Name of the Scheme"** & crossed **"A/c Payee Only"**

Bank

DD Charges if any (ii)

♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Branch

Net amount paid (i-ii)

Amt. in words

INVESTMENT DETAILS (PLEASE EACH SCHEME) In case of multiple scheme selected : Please specify the amount to be invested in each scheme separately

Equity Schemes:		Index (Equity) Schemes:		Hybrid Schemes:	
<input type="checkbox"/> UTI Large Cap Fund	Rs. _____	<input type="checkbox"/> UTI Banking and Financial Services Fund	Rs. _____	<input type="checkbox"/> UTI Nifty 200 Quality 30 Index Fund	Rs. _____
<input type="checkbox"/> UTI Large & Mid Cap Fund	Rs. _____	<input type="checkbox"/> UTI Healthcare Fund	Rs. _____	<input type="checkbox"/> UTI Nifty Private Bank Index Fund	Rs. _____
<input type="checkbox"/> UTI Flexi Cap Fund	Rs. _____	<input type="checkbox"/> UTI Transportation and Logistics Fund	Rs. _____	<input type="checkbox"/> UTI Nifty Alpha Low-Volatility 30 Index Fund	Rs. _____
<input type="checkbox"/> UTI Focused Fund	Rs. _____	<input type="checkbox"/> UTI Quant Fund	Rs. _____	<input type="checkbox"/> UTI Nifty Midcap 150 Index Fund	Rs. _____
<input type="checkbox"/> UTI Mid Cap Fund	Rs. _____	<input type="checkbox"/> UTI BSE Sensex Index Fund	Rs. _____	<input type="checkbox"/> UTI Nifty India Manufacturing Index Fund	Rs. _____
<input type="checkbox"/> UTI Small Cap Fund	Rs. _____	<input type="checkbox"/> UTI Nifty 50 Index Fund	Rs. _____	<input type="checkbox"/> UTI Nifty Midsmallcap 400 Momentum Quality 100 Index Fund	Rs. _____
<input type="checkbox"/> UTI Value Fund	Rs. _____	<input type="checkbox"/> UTI Nifty 50 Equal Weight Index Fund	Rs. _____		
<input type="checkbox"/> UTI Dividend Yield Fund	Rs. _____	<input type="checkbox"/> UTI Nifty Next 50 Index Fund	Rs. _____		
<input type="checkbox"/> UTI ELSS Tax Saver Fund	Rs. _____	<input type="checkbox"/> UTI Nifty 500 Value 50 Index Fund	Rs. _____		
<input type="checkbox"/> UTI India Consumer Fund	Rs. _____	<input type="checkbox"/> UTI Nifty 200 Momentum 30 Index Fund	Rs. _____		
<input type="checkbox"/> UTI Infrastructure Fund	Rs. _____	<input type="checkbox"/> UTI BSE Low Volatility Index Fund	Rs. _____		
<input type="checkbox"/> UTI Innovation Fund	Rs. _____	<input type="checkbox"/> UTI Nifty Midcap 150 Quality 50 Index Fund	Rs. _____		
<input type="checkbox"/> UTI MNC Fund	Rs. _____	<input type="checkbox"/> UTI BSE Housing Index Fund	Rs. _____		

PLAN (For All Schemes) ☐ Regular Plan ☐ Direct Plan (refer instruction 'j')

OPTION

- 1. For All Schemes** (except UTI Conservative Hybrid Fund and UTI Equity Savings Fund))

☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) [not available under UTI ELSS Tax Saver Fund, UTI Small Cap Fund, UTI Focused Fund, UTI Innovation Fund and UTI Balanced Advantage Fund]

All Index funds has only Growth option expect UTI Nifty 50 Index Fund

- | | | | | |
|--|--|--|--|--|
| 2. For UTI Conservative Hybrid Fund | <input type="checkbox"/> Growth | <input type="checkbox"/> Monthly IDCW (Payout) | <input type="checkbox"/> Monthly IDCW (Reinvestment) | |
| | <input type="checkbox"/> Flexi IDCW (Payout) | <input type="checkbox"/> Flexi IDCW (Reinvestment) | <input type="checkbox"/> Monthly Payment | (Default-Growth) |
| 3. For UTI Equity Savings Fund | <input type="checkbox"/> Growth | <input type="checkbox"/> IDCW (Payout) | <input type="checkbox"/> IDCW (Reinvestment) | <input type="checkbox"/> Monthly IDCW (Payout) |
| | <input type="checkbox"/> Monthly IDCW (Reinvestment) | <input type="checkbox"/> Quarterly IDCW (Payout) | <input type="checkbox"/> Quarterly IDCW (Reinvestment) | (Default-Growth) |

Unitholding Option ☐ Physical Mode ☐ Demat Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

DEMAT ACCOUNT DETAILS - Please ensure that the sequence of names as 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 above

[illegible]

Enclosures : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

Friend in need details In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (Refer Instruction 'k')

Name				F	I	R	S	T				M	I	D	D	L	E				L	A	S	T			
Address:				F	I	R	S	T				M	I	D	D	L	E				L	A	S	T			
Relationship with the applicant (optional)																Mobile											
Email																											

GENERAL INFORMATION - Please (✓) wherever applicable

Tax Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
	<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society*	<input type="checkbox"/> LLP
	<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust*	<input type="checkbox"/> Unlisted 'Not for Profit'^^Company
	<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> ***Foreign Nationals
	<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> PIO
	<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> NPO* (Please specify) _____
	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	<input type="checkbox"/> Others (Please specify) _____
	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

** Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

Note for Non-Individual Investors: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)

(Refer Instruction z & aa)

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	
Spouse's Name	_____		

Occupation	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Doctor	<input type="checkbox"/> Others (Please specify) _____

OTHER DETAILS (MANDATORY)**FOR INDIVIDUALS ONLY**

1st Applicant: (A) **Gross Annual Income Details** Please tick (✓)

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
(For definition of PEP, please refer instruction 'x').

(C) **Any other information:** _____

2nd Applicant: (A) **Gross Annual Income Details**

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

3rd Applicant: (A) **Gross Annual Income Details**

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

FOR NON-INDIVIDUALS ONLY

(A) **Gross Annual Income Details**

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

(B) **Is the entity involved in / providing any or the following services**

– Foreign Exchange / Money Changer Services ☐ YES ☐ NO – Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO

– Money Lending / Pawning ☐ YES ☐ NO

(C) **Any other information:** _____

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction 'z')

Information to be provided by all Applicants in the same sequence of Names as given in this Application formAre you a tax resident of any country other than India ? ☐ Yes ☐ NoIf **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third ApplicantIf **Yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

Sr. No. 2025/

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 1961]

Received from Mr / Ms / M/s	_____
An application under	_____ (scheme name)
along with Cheque/DD/NEFT/RTGS	_____ dated DD/MM/YYYY
Ref. No./Unique Serial No. (For Cash)	_____
Drawn on (Bank)	_____
for ₹ (in figures)	_____

§ Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/
Authorised Collection Centre

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of Nominee	Nominee 1	Nominee 2	Nominee 3
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number*			
Mobile Number*			
Email Id*			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) *If the proof of identity is Aadhaar, provide last 4 digits only

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our mutual funds Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our mutual funds Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual funds Folio / demat account.

Sign. here

→

Signature of 1st Applicant / Guardian

Sign. here

→

Signature of 2nd Applicant

Sign. here

→

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/S

● I / We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I / We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. ● I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● 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 is being recommended to me/us. ● I / We confirm that we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I / We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. (Applicable for NRIs) ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. ● I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SOA) / ABRIDGED ANNUAL REPORT (AAR)∞

☐ SoA in Physical Form ☐ AAR in Physical Form

Applicable to NRIs : ☐ At my Overseas address as mentioned above ☐ To be despatched to my resident relative's address in India as mentioned above

∞ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No.	Tel. (R) STD CODE	Tel. (O) STD CODE
	*E-mail		
	Alternate E-mail		

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member		Name of the family member	
Relationship	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA	Relationship	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA
PAN		PAN	
Folio Number		Folio Number	

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Sign. here

→

Signature of 1st Applicant / Guardian / POA^^
Name of 1st Authorised Signatory

Sign. here

→

Signature of 2nd Applicant / POA^^
Name of 2nd Authorised Signatory

Sign. here

→

Signature of 3rd Applicant / POA^^
Name of 3rd Authorised Signatory

Designation _____ Designation _____ Designation _____

^^Power of Attorney (POA) Registration No. _____ (if already registered) (refer instruction 'ab')

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
- All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

M/s Kfin Technologies Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India Board: 040-6716 2222, Fax no: 040-6716 1888, Email: uti@kfinetech.com

		UMRN																Date													
		Utility Code																<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel													
Sponsor Bank Code								I/We authorize																							
								UTI MUTUAL FUND																							
To debit (tick✓)								SB / CA / CC / SB-NRE / SB-NRO / OTHER								Bank a/c number															
with Bank								IFSC / MICR																							
an amount of Rupees																₹															
Debit Type								<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount								Frequency															
																<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented															
Reference 1																Reference 2															
1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.																															
From		D D		M M		Y Y		Y Y		Maximum period of validity of this mandate is 40 years only																					
To		D D		M M		Y Y		Y Y																							
Maximum period of validity of this mandate is 40 years only										Signature Primary Account holder										Signature of Account holder											
Phone No.								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.

<h2 style="margin: 0;">UTI SMaRT SIP Form™</h2>						<input type="checkbox"/> Registration of New SIP <input type="checkbox"/> Renewal of Existing SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Existing Bank Details					
ARN / RIA		EUIN		Sub ARN Code		Sub Code		MO Code		UTI RM No.	

☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certified 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 distributors 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 fees for this transaction.

APPLICANT DETAILS												APPLICATION NO./FOLIO NO.											
Name of Sole / 1st Holder / Beneficiary Child																							
Name of Guardian (in case of Minor)																							
PAN DETAILS												(If not registered in the folio already)											
First Applicant/Guardian						Second Applicant						Third Applicant											
Mandatory Enclosure						Mandatory Enclosure						Mandatory Enclosure											
<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)						PAN Exempt KYC Ref no. (PEKRN for Micro investments)						PAN Exempt KYC Ref no. (PEKRN for Micro investments)											

SIP DETAILS							
Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period*		SIP Step Up	
				(MM/YY)		Amount In Multiple of ₹ 500/-	Frequency
	D D	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From M M Y Y Y Y	To	<input type="checkbox"/> Until cancelled <input type="checkbox"/> M M Y Y Y Y	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	D D	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From M M Y Y Y Y	To	<input type="checkbox"/> Until cancelled <input type="checkbox"/> M M Y Y Y Y	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	D D	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From M M Y Y Y Y	To	<input type="checkbox"/> Until cancelled <input type="checkbox"/> M M Y Y Y Y	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Amount in the mandate to bank should be equal or more than this total amount.		Total	₹	* Note : SIP mandate shall be registered for a maximum period of upto 40 years			

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, about 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 Scheme(s) 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 the 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.utimf.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)

1st Unit 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 _____ Target ID _____	National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Target ID _____
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) <input type="checkbox"/>			



Haq, ek behtar zindagi ka.

UTI SmaRT SIP FormTM

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

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

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

☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certified 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 distributors 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 fees for this transaction.

APPLICANT DETAILS	APPLICATION NO./FOLIO NO.
Name of Sole / 1st Holder / Beneficiary Child	
Name of Guardian (in case of Minor)	

PAN DETAILS	(If not registered in the folio already)	
First Applicant/Guardian	Second Applicant	Third Applicant
Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure
<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)) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____

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

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)		Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)	
SIP / Micro SIP Date (Please tick)	01 07 15 25	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Post Dtd. Chq. Amt. (₹)
SIP / Micro SIP Period : Start from	M M Y Y	End On	M M Y Y
Cheque Nos. From		To	
Account No.		Drawn on	
Branch		PIN Code	
Mandatory Enclosure (if 1 st instalment is not by cheque) I/We have attached PAN card/Document copies of all applicants.		<input type="checkbox"/> Bank cancelled cheque	<input type="checkbox"/> Copy of cheque

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder