

# UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



UMRN	<input type="text"/>	Date	<input type="text"/>
Sponsor Bank Code	<input type="text"/>	Utility Code	<input type="text"/>
Tick (✓)			
CREATE			
MODIFY			
CANCEL			
I/We hereby authorize	to debit (tick✓)		
Bank a/c number			
with Bank			
an amount of Rupees			
FREQUENCY			
DEBIT TYPES			
Reference 1			
Reference 2			
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			
Signature Primary Account holder			
Signature of Account holder			
Signature of Account holder			
Name as in Bank records			
Name as in Bank records			
Name as in Bank records			
This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instruction 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 FORM FOR ELECTRONIC FACILITY

(Applicable for KYC complied Individual Investors)



DATE:	<input type="text"/>	REGISTRATION	<input type="text"/>	CHANGE	<input type="text"/>	CANCELLATION	<input type="text"/>
ARN	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.		
<input type="checkbox"/> 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)							
*FOLIO / APPLN NO.	<input type="text"/>	FOLIO UNDER UTI ULIP#	<input type="text"/>				
PAN	<input type="text"/>	KYC Complied	<input type="text"/>	DATE OF BIRTH OF 1 <sup>st</sup> HOLDER / MINOR	<input type="text"/>		
1 <sup>st</sup> HOLDER NAME	<input type="text"/>						
<input type="checkbox"/> I/ We have read and understood the Scheme Information Document, Key Information Memorandum and addenda and agree to abide by the same. I/We hereby authorise UTI MUTUAL FUND and their authorized service providers and my banker, to debit my/our following bank account using the Mandate form. 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 ( <a href="http://www.utimf.com/customer-service/Pages/default.aspx">http:// www.utimf.com /customer-service /Pages/default.aspx</a> ) and also displayed/available at the UFC.							
<input type="text"/>		<input type="text"/>		<input type="text"/>			
1 <sup>st</sup> Holder / Guardian as per folio		2 <sup>nd</sup> Unit Holder		3 <sup>rd</sup> Unit Holder			
*Folio held in Single and anyone or survivor is only allowed to register- *only renewal contribution can be made using smart form)							

## UTI SMaRT FORM

### ACKNOWLEDGEMENT

UTI Mutual Fund, UTI Tower, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.



Received From	<input type="text"/>
*Folio / Application No.	<input type="text"/>
Date	<input type="text"/>
The mobile number and email ID provided above will be registered/replaced with the mobile number and email ID in the folio.	
Note : All purchases are subject to realisation of Cheques/ receipt of funds.	

TIME STAMP

#### \*CHECK LIST

The Form is complete in all respects.  
The form is signed by the holders as per the holding basis  
Folio, Mobile Number, email id , PAN and KYC details are submitted.  
A Copy of cheque leaf is enclosed.

#### GUIDELINES TO FILL UTI SMaRT FORM

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Provide CBS Account Number
4. Write name of the bank through which you wish to invest.
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Period: Starting date of UTI SMaRT FORM registration (in format DD/MM/YYYY)
10. Telephone Number
11. Email ID
12. Specimen Signature as Submitted by you with your banker against the particular/given bank account
13. Name: Mention Holder Name as Per Bank Record