## UTI-SIP UTI SMaRT Form

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YEARS	UTI M	utual	Fund

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UMRN	Fo	r o	f f i	се	u s e			Date			$\top$		
ck (✓) Sponsor Bank Code C	I T I	0 0 0 P	I G W	Utility Co	ode C I	T I 0	0 0 0	2 0 0	0 0 0	0 0 3	3 7		
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NCEL Bank a/c number											$\overline{\top}$		
h Bank Name of Custor	mers Bank		IFSC I				or MIC	CR	$\frac{1}{1}$		$\pm$		
amount of Rupees							_	₹					
EQUENCY - Mthly - Qtly - H-	 <del>Yrly ⊠ Yrly</del>	— ✓ As & whe	en presented		DEBIT TY	PES <del>                                     </del>	ixed Amou	L <del>nt</del> ☑ Maxin	num Amount				
erence 1	Folio Nur	mber			<sup>7</sup> Mo	bile No.							
erence 2	Application I	Number			8 Em	ail ID	lease enter ma	bile number register	ed in India only)				
e for the debit of mandate processing charges by the	bank whom I am	n authorizing to del	bit my accoun	t as per <b>l</b> atest sch	nedu <b>l</b> e of charg	es of the ban	ık.						
PERIOD  rom  D D M M M Y Y Y Y Y O D T Until Cancelled  to confirm that the declaration has been carefully re understood that I am authorized to cancel/amend the	1ad, understood &	nature Primary Acc Name as in Bank a mode by me / us. opropriotely comm	records . I am authoriz	2 zing the User enti	Signature of Acco Name as in Ba ity/ Corporate to endement reque	nk records o debit my ac	ccount base	3. Na	ature of Accou ume as in Bank ctions as agree ank where I hav	records d and sign	ned by		
		UTI	SMaR'	T SIP Fo	orm		••••	<b>(</b>		gistration of			
UTI Mutual Fund	EHIM	CL ADM 4	Cada	Sub Codo		MOCodo		LITE DM No		Renewal of SIP  Micro SIP			
ARN	EUIN	Sub ARN (	Loge	Sub Code		MOCode		UTI RM No.		Salary Saving SIP			
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Upfront commission shall be paid directly by the investor to EUIN box is intentionally left blank by me/ us as this is an " ributor personnel and the distributor has nit charged any ad	execution-only" tran	nsaction without any	interaction or a	dvice by the distrib	utor personnel co								
APPLICANT DETAILS			N NO./ FOLIC		, ion signify						Т		
ame Of Sole / 1st holder / Beneficiary Child				1 2							$\top$		
ame Of Guardian (In case of Minor)											十		
PAN DETAILS				(H	not registered i	n the folio alr	ready)						
First Applicant / Guardian			Second Appli					Third App					
Mandatory Enclosures  PAN Proof KYC Complied	<del></del>	PAN Proof	andatory Enc	OSURES OF COMPLIED			PAN Proof	Mandatory En		KYC Complied			
PAN Exempt KYC Ref no (PEKRN for Micro investments)		PAN Exempt KYC R PEKRN for Micro ir					N Exempt K KRN for Mic						
SIP DETAILS													
Scheme Name, Plan, Option		SIP Date	Instalment	Frequency			Period			IP Step Up	р		
Scheme Nume, Fluit, Option		SIF Date	Amount	rrequency	_	ular I/YY)	1	Perpetual (MM/YY)	Amount In Multiple of ₹ 500/-	Freq	quency		
	D D	5000 10000 25000 <b>OR</b> ₹	Monthly Quarterly	From _		From [		9		alf Ye			
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		D D	OR ₹	Monthly Quarterly	From		From [	1 2 9 9	9		alf Ye		
Amount in the mandate to bank should be equal or more	e than	Total	OR₹		To		To [	1   2   9   3	2				
this total amount r Financial Goal for this SIP (choose anyone).		iolui											
Retirement Corpus Child Educati	ion	Child Marriage		Dream Car	Dred	ım House		Marriage	Holide	ay			
n case of saving for Child, mention name of Child)					Target A	mount							
We hereby authorise UTI MUTUAL FUIND and their authorised service p hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual F d, have read and agreed to the instructions cum terms and conditions of ARN holder has disclosed to me/us all the commissions (in the form MF/UTI AMC to share my data furnished in the Form with other servic vus for availing this facility and carrying out transactions of Purchase/	iund, above any changu of SIP/Micro SIP, I/We of of trail commission or a e providers of the UTIM	ges in my bank account. I do not have any existing any other mode), payabl AF for the purpose of servi	I/ We have read of Micro SIPs which to e to him for the difficing, issue of acco	and understood the co ogether with the currer ferent competing Sche ount statement, consoli	ontents of the SAI, SIE nt application will res eme of various Mutue idated statement of a	), KIM, Instruction ult in aggregate ir al Fund from amo ccount, etc and c	ns and Addend nvestment exce ongst which the cross selling of p	a issued from time to eding `50,000 in a y Scheme is being rec products/scheme of t	time of the respecti year (applicable on commended to me/ the UTIMF. I/We he	ve Scheme(s) ly for Micro SI us. I/We her ereby request	of UTL IP appli reby au you to r		
website (http://www.utif.com/customerservice/Pages/defoult.aspx, igning this SIP enrolment form I/ We understand, that the an	) and also displayed/a	available at the UFC whe	rever applicable.										

version 4.1-27012016

1st Holder / Guardian 2nd Unit Holder 3rd Unit Holder

	g Option: [						al Mod														
AT ACCOUNT DETAILS-(Ple stor client ID should be p	ase ensure that the sequence rinted in proof.)	e of name to mention	oned in the o	application fo	rm match	es with that	of the account	held with a	iny one of the De	pository P	articipant.	Demat /	Account de	etails are	compulsor	y if dema	t mode	is opted	below.		
pentral Depository participant Name recurities Target ID						Secu Dep	Securities part Depository DP			Depository participant Name  DP ID No. Target ID No.											
Proof enclosed (Any one) Client Master List(CML)							saction cum l	tion cum Holding Statement		ent Cancelled Delivery Instructi						ion Slip (DIS)					
YEARS UTI Mutual  17, ek behtar z	Fund indagi ka.	(For Post	Dated						orm liant chea	lues a	re allo	 wed	)			Re	gistratio				
ARN EU		EUIN	IN Sub ARN Code			Sul	Sub Code		MOCode			UTI RM No.			Micro SIP Salary Saving SIP						
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me Of Guardian (I	n case of Minor)																<u></u>		<u></u>		
PAN DETAILS	U							(If not registered in the folio already)													
	licant / Guardian		L			Second Ap									pplicant						
PAN Proof	KYC Complie	d		] PAN Pro			nclosures  KYC Cor						Mandatory Enclosures  PAN Proof KYC Complied								
PAN Exempt KYC Ref PEKRN for Micro inv				AN Exempt			s)	PAN Exempt KYC Ref no (PEKRN for Micro investments						ts)							
TAILS OF SIP ( For "DI	RECT PLAN" please tick h	nere 🗌 & write th	e Scheme I	Name, Plan	/ Option	below)															
cheme	UTI						PLA	PLAN					OPTION								
nitial Investment Amo	ount(₹)								SIP Amount (₹ ount is ₹ 500)												
IP / Micro SIP Date:	D D	Frequenc	:y:	Monthly	,	Quarte	,	Dtd. Chq.													
IP / Micro SIP Period	Start from M	VI Y Y	End O	n** M	М	ΥΥ															
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datory Enclosure (i e have attached PA	f 1stalment is not N card/Document cop	by cheque) ies of all appli	cants.		Banl	k cancelle	d cheque			Сор	y of chec	lue						-			
			7 1																		

2nd Unit Holder

3rd Unit Holder

1st Holder / Guardian