

		UMRN <input type="text"/>	Date <input type="text"/>
Utility Code <input type="text"/>		<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel	
Sponsor Bank Code <input type="text"/>	I/We authorize <input type="text"/>		
To debit (tick✓) <input type="checkbox"/> SB / <input type="checkbox"/> CA / <input type="checkbox"/> CC / <input type="checkbox"/> SB-NRE / <input type="checkbox"/> SB-NRO / <input type="checkbox"/> OTHER	Bank a/c number <input type="text"/>		
with Bank <input type="text"/>	IFSC / MICR <input type="text"/>		
an amount of Rupees <input type="text"/>	₹		
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 <input type="text"/>	Reference 2 <input type="text"/>		
<p>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 authorizing 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.</p>			
From <input type="text"/>			
To <input type="text"/>			
Or <input checked="" type="checkbox"/> Until Cancelled	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 _____		
Phone No. <input type="text"/>			

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™						<input type="checkbox"/> Registration of SIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Salary Saving SIP <input type="checkbox"/> Change in 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	
				Regular (MM/YY)	Perpetual (MM/YY)	Amount In Multiple of ₹ 500/-	Frequency
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/>	From <input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/>	From <input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/>	From <input type="text"/>		<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	₹				

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 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 _____
<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 TM

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

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

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

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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 1st instalment is not by cheque)
I/We have attached PAN card/Document copies of all applicants.

- Bank cancelled cheque Copy of cheque

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

