



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

TIME STAMP

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN / RIA No.^	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.
9992						

@ 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 3rd Applicant**

<b>TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR</b> (Please tick any one of the below) <span style="float: right;">(Refer Instruction 'i')</span>		
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

		F	I	R	S	T								M	I	D	D	L	E						
				L	A	S	T					Date of Birth	d	d	m	m	y	y	y	y					Mandatory for minors

[illegible]

<b>*PAN/PEKR\$ OF 1st APPLICANT</b> (whose particulars are furnished in the form)										<b>AADHAAR CARD NO.</b>																			
Enclosed										PAN/PEKR Card/ID Proof Copy										Know Your Customer (KYC)* Acknowledgement Copy Please (✓)									

[illegible]

**NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN** (If Minor)\$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UBF / MIS / MUS)

Mr.  Ms.  Mrs.

\$\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction f)

DETAILS OF OTHER APPLICANTS																								
<b>Name of 2nd Applicant</b> <input type="checkbox"/> <b>Mr.</b> <input type="checkbox"/> <b>Ms.</b> <input type="checkbox"/> <b>Mrs.</b> <input type="checkbox"/> <b>M/s.</b>												<b>Date of Birth of 2nd Applicant</b>												
<div style="display: flex; justify-content: space-between;"> <span>F</span><span>I</span><span>R</span><span>S</span><span>T</span> <span>M</span><span>I</span><span>D</span><span>D</span><span>L</span><span>E</span> </div>												<div style="display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> <span>l</span><span>a</span><span>s</span><span>t</span> </div>												
<b>*PAN/PEKRN of 2nd Applicant</b>												<b>AADHAAR CARD NO.</b>												
<div style="display: flex; justify-content: space-between;"> <span>Enclosed</span> <span><input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy</span> <span><input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)</span> </div>																								
<b>Name of 3rd Applicant</b> <input type="checkbox"/> <b>Mr.</b> <input type="checkbox"/> <b>Ms.</b> <input type="checkbox"/> <b>Mrs.</b> <input type="checkbox"/> <b>M/s.</b>												<b>Date of Birth of 3rd Applicant</b>												
<div style="display: flex; justify-content: space-between;"> <span>F</span><span>I</span><span>R</span><span>S</span><span>T</span> <span>M</span><span>I</span><span>D</span><span>D</span><span>L</span><span>E</span> </div>												<div style="display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> <span>l</span><span>a</span><span>s</span><span>t</span> </div>												
<b>*PAN/PEKRN of 3rd Applicant</b>												<b>AADHAAR CARD NO.</b>												
<div style="display: flex; justify-content: space-between;"> <span>Enclosed</span> <span><input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy</span> <span><input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)</span> </div>																								

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

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

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash	Account type (please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> NRO	<input type="checkbox"/> Current <input type="checkbox"/> DD issued from abroad	<input type="checkbox"/> NRE
Account No.					
Date		Amt. of investment (i)			
Bank		DD Charges if any (ii)			
Branch		Net amount paid (i-ii)			
Amt. in words					

☐ UTI Smart Form (OTM) if already registered  
 (Applicable for existing investors)

**# 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**”**

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

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

Bank Name			Branch
Address			MICR Code <input type="text"/>
	City	Pin*	(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)

**INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE ☐ & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')  
PLEASE USE SEPARATE FORM FOR EACH SCHEME**

<input type="checkbox"/> UTI-CRTS	<input type="checkbox"/> UTI-GILT ADVANTAGE FUND-LTP	<input type="checkbox"/> UTI-MAHILA UNIT SCHEME	<input type="checkbox"/> UTI-MONTHLY INCOME SCHEME
<input type="radio"/> Growth	<input type="radio"/> Dividend Payout	<input type="radio"/> Dividend Reinvestment	(Default-Growth Option/Plan)
<input type="checkbox"/> UTI-G-SEC FUND-STP	<input type="radio"/> Growth	<input type="radio"/> Daily Dividend Reinvestment	<input type="radio"/> Periodic Dividend Payout
			<input type="radio"/> Periodic Dividend Reinvestment
			(Default-Growth Option)
<input type="checkbox"/> UTI-MIS-ADVANTAGE PLAN	<input type="radio"/> Growth Plan	<input type="radio"/> Monthly Div. Plan Payout	<input type="radio"/> Monthly Div. Plan Reinvestment
	<input type="radio"/> Flexi Div. Plan Payout	<input type="radio"/> Flexi Div. Plan Reinvestment	<input type="radio"/> Monthly Payment Plan
			(Default-Growth Plan)
<input type="checkbox"/> UTI-BANKING & PSU DEBT FUND	<input type="checkbox"/> UTI-INCOME OPPORTUNITIES FUND	<input type="checkbox"/> UTI-SHORT TERM INCOME FUND	
<input type="radio"/> Growth	<input type="radio"/> Monthly Div. Payout	<input type="radio"/> Monthly Div. Reinvestment	
<input type="radio"/> Quarterly Div. Payout	<input type="radio"/> Quarterly Div. Reinvestment	<input type="radio"/> Half Yearly Div. Payout	
<input type="radio"/> Half Yearly Div. Reinvestment	<input type="radio"/> Annual Div. Payout	<input type="radio"/> Annual Div. Reinvestment	
<input type="radio"/> Flexi Div. Payout	<input type="radio"/> Flexi Div. Reinvestment	(Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. Div. Sub Option)	
<input type="checkbox"/> UTI-BOND FUND	<input type="checkbox"/> UTI-DYNAMIC BOND FUND		
<input type="radio"/> Growth	<input type="radio"/> Quarterly Div. Payout	<input type="radio"/> Quarterly Div. Reinvestment	
<input type="radio"/> Half Yearly Div. Payout	<input type="radio"/> Half Yearly Div. Reinvestment	<input type="radio"/> Annual Div. Payout	
<input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Flexi Div. Payout	<input type="radio"/> Flexi Div. Reinvestment	
		(Default-Growth Option)	
<input type="checkbox"/> UTI-FLOATING RATE FUND-STP	<input type="checkbox"/> UTI-LIQUID CASH PLAN	<input type="checkbox"/> UTI-MONEY MARKET FUND	<input type="checkbox"/> UTI-TREASURY ADVANTAGE FUND
<input type="checkbox"/> UTI-MEDIUM TERM FUND	<input type="radio"/> Growth	<input type="radio"/> Daily Div. Reinvestment&&&	<input type="radio"/> Weekly Div. Payout&&
	<input type="radio"/> Weekly Div. Reinvestment&&&	<input type="radio"/> Fortnightly Div. Payout&&&	<input type="radio"/> Fortnightly Div. Reinvestment&&&
	<input type="radio"/> Monthly Div. Payout	<input type="radio"/> Monthly Div. Reinvestment	<input type="radio"/> Quarterly Div. Payout
	<input type="radio"/> Quarterly Div. Reinvestment	<input type="radio"/> Half Yearly Div. Payout	<input type="radio"/> Half Yearly Div. Reinvestment
	<input type="radio"/> Annual Div. Payout	<input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Flexi Div. Payout
	<input type="radio"/> Flexi Div. Reinvestment	(Default-Growth Option under UTI-FRF, UTI-MMF & UTI-MTF)	
		(Default-Daily Div. Reinvestment under UTI-LCP & UTI-TAF)	

**Please Note:**&& Weekly Div. **Payout** Option **NOT** available under UTI-Liquid Cash Plan, UTI-Floating Rate Fund-STP & UTI-Medium Term Fund&&& Daily Div. Reinvestment, Weekly Div. Reinvestment, Fortnightly Div. Payout & Fortnightly Div. Reinvestment option are not available under UTI-Medium Term Fund  
For Dividend Policy relating to various Options / Sub Options, please refer to SID.

<input type="checkbox"/> UTI-FIXED MATURITY PLAN	<input type="checkbox"/> YEARLY SERIES (YFMP)	<input type="checkbox"/> HALF YEARLY SERIES (HFMP)	<input type="checkbox"/> QUARTERLY SERIES (QFMP)
(Use separate form for each series)			
<input type="radio"/> Growth	<input type="radio"/> Dividend Payout	<input type="radio"/> Dividend Reinvestment	(Default-Growth Option)

Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)

**Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary.**

(Refer instruction q)

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

Unitholding Option ☐ Demat Mode ☐ Physical Mode (Available under all scheme except UTI-CRTS, UTI-MUS & UTI-FMP)

**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

National Securities Depository Limited	Depository Name _____	Central Depository Services (India) Limited	Depository Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary _____		
	Account No. _____		

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:																						
Relationship with the applicant (optional)																						
Email																						
Mobile																						

**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals**	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
<input type="checkbox"/> Unlisted 'Not for Profit' Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
<input type="checkbox"/> Others (Please specify) _____				

**\*\* OCBs are not allowed to invest in units of any of the schemes of UTI MF.**  
**\*\* 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).**

**OCCUPATION:**

<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

**MODE OF HOLDING:** ☐ Single ☐ Anyone or survivor ☐ Joint ☐ First holder or Survivor (for UTI MUS)

**MARITAL STATUS:** ☐ Unmarried ☐ Married ☐ Wedding Anniversary

**OTHER DETAILS (MANDATORY)**

**FOR INDIVIDUALS ONLY**

**1<sup>st</sup> 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)

(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:** \_\_\_\_\_

**2<sup>nd</sup> 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)

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

(C) **Any other information:** \_\_\_\_\_

**3<sup>rd</sup> 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)

(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)

(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:** \_\_\_\_\_



Haq, ek behtar zindagi ka.

**ACKNOWLEDGEMENT**  
(To be filled in by the Applicant)

Sr. No. 2016/

Received from Mr / Ms / M/s

An application under

along with Cheque/DD<sup>5</sup>/NEFT/RTGS  
Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

(scheme name)

dated

Stamp of UTI AMC Office/  
Authorised Collection Centre

<sup>5</sup> Cheques and drafts are subject to realisation.

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

☐ I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit 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 and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth <input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/> <input type="text" value="yy"/> (in case of nominee is a minor)	Address of guardian
Address with pin code	Signature of Nominee / guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

☐ I/We do not wish to nominate

Sign.  
here

**Signature of 1st Applicant / Guardian**

**Signature of 2nd Applicant**

**Signature of 3rd Applicant**

• 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.

• 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 do not have any documents in support of the date of birth and relationship with minor child. (Strike out if this declaration is not applicable)

☐ Through email<sup>∞</sup>    ☐ SoA in Physical Form    ☐ At my Overseas address as mentioned above<sup>®</sup>    ☐ To be dispatched to my resident relative's address in India as mentioned above<sup>®</sup>

<sup>∞</sup> Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

® Applicable to NRIs

First Applicant Details	Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel. (R)	<input type="text"/>	STD CODE	<input type="text"/>	Tel. (O)	<input type="text"/>	STD CODE	<input type="text"/>
	*E-mail	Alternate E-mail															

Sign.  
here  
→

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

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

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

Designation

Designation

Designation

^^ Power of Attorney (POA) Registration No. (if already registered) (Refer instruction 'AA')

**Notes :**

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **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.**
4. 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. Karvy Computershare Pvt. Ltd.:** Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032. **Board No:** 040-6716 2222. **Fax No.:** 040- 6716 1888. **Email:** uti@karvy.com

# UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



Haq, ek behtar zindagi ka.

UMRN

F o r o f f i c e u s e

Date

Tick (✓)

CREATE  
MODIFY  
CANCEL

Sponsor Bank Code

C I T I 0 0 0 P I G W

Utility Code

C I T I 0 0 0 0 2 0 0 0 0 0 0 0 3 7

I/We hereby authorize

UTI Mutual Fund

to debit (tick✓)

SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank

Name of Customers 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

Folio Number

Mobile No.

(Please enter mobile number registered in India only)

Reference 2

Application Number

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 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: DD MM YY

REGISTRATION ☐ CHANGE ☐ CANCELLATION ☐

Haq, ek behtar zindagi ka.

ARN	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 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.

\*FOLIO / APPLN NO.

FOLIO UNDER UTI ULIP#

PAN

KYC Complied ☐

DATE OF BIRTH OF 1<sup>st</sup> HOLDER / MINOR DD MM YY

1<sup>st</sup> HOLDER NAME

☐ 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 ([http:// www.utimf.com /customerservice /Pages/default.aspx](http://www.utimf.com/customerservice/Pages/default.aspx)) and also displayed/available at the UFC.

\*Mandatory

1st Holder / Guardian as per folio

2nd Unit Holder

3rd 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.



Haq, ek behtar zindagi ka.

Received From

Folio / Application No.

Date

DD MM YY

TIME STAMP

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.

#### \*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