



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND HYBRID SCHEMES

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

Sr.No. 2022/

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	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. [*]	UTI RM No.
ARN 92245					E092536	

^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

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

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

₹ 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

Date of Birth Mandatory for minors
Date of birth will be taken as per the KYC record (Not applicable for minor child)

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

☐ 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').

*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)

State Country* City* Zip/Pin*

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. ☐

Date of Birth of 2nd Applicant

*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.

Date of Birth of 3rd Applicant

F I R S T M I D D L E L A S T

*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')

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)

Account No.

Date

Bank

Branch

Amt. in words

Amt. of investment (i)

DD Charges if any (ii)

Net amount paid (i-ii)

☐ Cash

Account type
(please ✓)

☐ Savings

☐ Current

☐ NRE

☐ NRO

☐ DD issued from abroad

☐ UTI Smart Form 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 Name		Branch
Address		MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (this is a 9-digit number next to your cheque number)
	City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Pin* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IFS Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (this is a 11-digit number)

[illegible]

Equity Schemes:

- ☐ UTI Mastershare Unit Scheme
- ☐ UTI Core Equity Fund
- ☐ UTI Flexi Cap Fund
- ☐ UTI Focused Equity Fund
- ☐ UTI Mid Cap Fund
- ☐ UTI Small Cap Fund
- ☐ UTI Value Opportunities Fund
- ☐ UTI Dividend Yield Fund
- ☐ UTI Long Term Equity Fund (Tax Saving)

☐ UTI India Consumer Fund

☐ UTI Infrastructure Fund

☐ UTI MNC Fund

☐ UTI Banking and Financial Services Fund

☐ UTI Healthcare Fund

☐ UTI Transportation and Logistics Fund

Index Schemes:

- ☐ UTI Sensex Index Fund
- ☐ UTI Nifty Index Fund
- ☐ UTI Nifty Next 50 Index Fund
- ☐ UTI Nifty 200 Momentum 30 Index Fund
- ☐ UTI S&P BSE Low Volatility Index Fund
- ☐ UTI Nifty Midcap 150 Quality 50 Index Fund

Hybrid Schemes:

- ☐ UTI Arbitrage Fund
- ☐ UTI Equity Savings Fund
- ☐ UTI Regular Savings Fund
- ☐ UTI Hybrid Equity Fund
- ☐ UTI Multi Asset Fund

OPTION

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

[illegible]

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							

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%	

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

Details of Beneficial Ownership (If not disclosed in separate sheet then to be filled in the space provided immediately)				
Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

Note : IPCW - Income Distribution cum Capital Withdrawal

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: ☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust
☐ Sole Proprietorship ☐ Society / Club ☐ Body Corporate ☐ AOP ☐ BOI
☐ FPI ☐ NRI ☐ Foreign Nationals** ☐ Listed Company ☐ LLP
☐ Unlisted 'Not for Profit'^^ Company ☐ Other Unlisted Company ☐ PIO
☐ Others (Please specify) .

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

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

OCCUPATION: ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service
☐ Forex Dealer ☐ Others (Please specify) .

MODE OF HOLDING: ☐ Single ☐ Anyone or survivor ☐ Joint

MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary

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 ₹ _____ 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:** _____

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 ₹ _____ as on (date)

(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 ₹ _____ 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 ₹ _____ 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:** _____

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 form

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.



Haq, ek behtar zindagi ka.

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

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961] **Sr. No. 2022/**

Received from Mr / Ms / M/s

An application under

along with Cheque/DD^s/NEFT/RTGS
Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

<input type="text"/>	(scheme name)
<input type="text"/>	dated <input type="text"/>
<input type="text"/>	
<input type="text"/>	

Stamp of UTI AMC Office/
Authorised Collection Centre

^s Cheques and drafts are subject to realisation.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)

☐ 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 of Nominee

To be furnished in case nominee is a minor

Name of the guardian

Address of guardian

Signature of Nominee / guardian
(for minor)

Date of Birth (in case of nominee is a minor)

*PAN

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

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

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. • I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. • 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 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. • 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 to NRI's). • 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)[∞]**Applicable to NRIs**☐ SoA in Physical Form☐ At my Overseas address as mentioned above☐ AAR in Physical Form☐ To be dispatched 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)	Tel. (O)
	*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		Relationship	
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 ☐

Signature of 1st Applicant / Guardian / POA^{^^}
Name of 1st Authorised SignatorySignature of 2nd Applicant / POA^{^^}
Name of 2nd Authorised SignatorySignature 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 :**

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 Kfin Technologies Private 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

<p>NATIONAL PAYMENTS CORPORATION OF INDIA</p>		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																			
To debit (tick✓)								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																											
To		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>3</td><td>1</td><td>1</td><td>2</td><td>2</td><td>0</td><td>9</td><td>9</td> </tr> </table>																		3	1	1	2	2	0	9	9
3	1	1	2	2	0	9	9																				
Or		<input checked="" type="checkbox"/> Until Cancelled <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Signature Primary Account holder</div> <div>Signature of Account holder</div> <div>Signature of Account holder</div> </div>																									
Phone No.		1. _____ 2. _____ 3. _____																									

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™

☐ 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.
ARN - 92245	E092536				

☐ Unfront 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 PAN Exempt KYC Ref no. _____ (PEKRN for Micro investments)												<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied PAN Exempt KYC Ref no. _____ (PEKRN for Micro investments)												<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied 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="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 _____ To _____	From _____ To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>9</td><td>9</td></tr> </table>	1	2	9	9		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
1	2	9	9								
		<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 _____ To _____	From _____ To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>9</td><td>9</td></tr> </table>	1	2	9	9		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
1	2	9	9								
		<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 _____ To _____	From _____ To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>9</td><td>9</td></tr> </table>	1	2	9	9		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
1	2	9	9								
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 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)	



Haq, ek behtar zindagi ka.

UTI SMaRT SIP FormTM

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.
ARN- 92245	E092536				

☐ 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	
Mandatory Enclosure		Mandatory Enclosure	
<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))	

DETAILS OF SIP (For "DIRECT PLAN" please tick here <input type="checkbox"/> & write the Scheme Name, Plan/Option below)			
Scheme	UTI	PLAN REGULAR	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		End On	
Cheque Nos. From		To	No. of Cheques
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