



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

TIME STAMP

(Please read instructions carefully before filling the form and use BLOCK LETTERS only)

[Fields Marked with (*) must be Mandatorily filled in]

BDA / CA Code

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

Signature of 3rd Applicant

₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

* Denotes Mandatory Fields

[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction z & aa)

(Default - Joint holding)

Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

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

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

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

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)	<input type="text"/>	<input type="checkbox"/> Cash	Account type (please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> NRO	<input type="checkbox"/> Current <input type="checkbox"/> DD	<input type="checkbox"/> NRE
Account No.	<input type="text"/>					<input type="checkbox"/> UTI Smart Form if already registered (Applicable for existing investors)
Date	<input type="text" value="DD/MM/YYYY"/>	Amt. of investment (i)	<input type="text"/>	#	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 "	
Bank	<input type="text"/>	DD Charges if any (ii)	<input type="text"/>	✦	Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.	
Branch	<input type="text"/>	Net amount paid (i-ii)	<input type="text"/>			
Amt. in words	<input type="text"/>					

INVESTMENT DETAILS (PLEASE EACH SCHEME) In case of multiple scheme selected : Please specify the amount to be invested in each scheme separately

Equity Schemes:			Index (Equity) Schemes:			Hybrid Schemes:		
<input type="checkbox"/>	UTI Large Cap Fund	Rs. _____	<input type="checkbox"/>	UTI Banking and Financial Services Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty 200 Quality 30 Index Fund	Rs. _____
<input type="checkbox"/>	UTI Large & Mid Cap Fund	Rs. _____	<input type="checkbox"/>	UTI Healthcare Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty Private Bank Index Fund	Rs. _____
<input type="checkbox"/>	UTI Flexi Cap Fund	Rs. _____	<input type="checkbox"/>	UTI Transportation and Logistics Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty Alpha Low-Volatility 30 Index Fund	Rs. _____
<input type="checkbox"/>	UTI Focused Fund	Rs. _____	<input type="checkbox"/>	UTI Quant Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty Midcap 150 Index Fund	Rs. _____
<input type="checkbox"/>	UTI Mid Cap Fund	Rs. _____	<input type="checkbox"/>	UTI BSE Sensex Index Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty India Manufacturing Index Fund	Rs. _____
<input type="checkbox"/>	UTI Small Cap Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty 50 Index Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty Midsmallcap 400 Momentum Quality 100 Index Fund	Rs. _____
<input type="checkbox"/>	UTI Value Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty 50 Equal Weight Index Fund	Rs. _____			
<input type="checkbox"/>	UTI Dividend Yield Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty Next 50 Index Fund	Rs. _____			
<input type="checkbox"/>	UTI ELSS Tax Saver Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty 500 Value 50 Index Fund	Rs. _____			
<input type="checkbox"/>	UTI India Consumer Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty 200 Momentum 30 Index Fund	Rs. _____			
<input type="checkbox"/>	UTI Infrastructure Fund	Rs. _____	<input type="checkbox"/>	UTI BSE Low Volatility Index Fund	Rs. _____			
<input type="checkbox"/>	UTI Innovation Fund	Rs. _____	<input type="checkbox"/>	UTI Nifty Midcap 150 Quality 50 Index Fund	Rs. _____			
<input type="checkbox"/>	UTI MNC Fund	Rs. _____	<input type="checkbox"/>	UTI BSE Housing Index Fund	Rs. _____			

PLAN (For All Schemes) ☐ Regular Plan ☐ Direct Plan (refer instruction 'i')

OPTION

1. **For All Schemes** (except UTI Conservative Hybrid Fund and UTI Equity Savings Fund))
- ☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) [not available under UTI ELSS Tax Saver Fund, UTI Small Cap Fund, UTI Focused Fund, UTI Innovation Fund and UTI Balanced Advantage Fund]
- All Index funds has only Growth option expect UTI Nifty 50 Index Fund
2. **For UTI Conservative Hybrid Fund** ☐ Growth ☐ Monthly IDCW (Payout) ☐ Monthly IDCW (Reinvestment)
- ☐ Flexi IDCW (Payout) ☐ Flexi IDCW (Reinvestment) ☐ Monthly Payment (Default-Growth)
3. **For UTI Equity Savings Fund** ☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) ☐ Monthly IDCW (Payout)
- ☐ Monthly IDCW (Reinvestment) ☐ Quarterly IDCW (Payout) ☐ Quarterly IDCW (Reinvestment) (Default-Growth)

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

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

[illegible]

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')

[illegible]

GENERAL INFORMATION - Please (✓) wherever applicable

Tax Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
	<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society*	<input type="checkbox"/> LLP
	<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust*	<input type="checkbox"/> Unlisted 'Not for Profit'^^Company
	<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> **Foreign Nationals
	<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> PIO
	<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> NPO* (Please specify) _____
	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	<input type="checkbox"/> Others (Please specify) _____
	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

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

Note for Non-Individual Investors: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)

(Refer Instruction z & aa)

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	
Spouse's Name	_____		
Occupation	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Student
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Doctor
			<input type="checkbox"/> Housewife
			<input type="checkbox"/> Forex Dealer
			<input type="checkbox"/> Others (Please specify) _____

OTHER DETAILS (MANDATORY)**FOR INDIVIDUALS ONLY**

1st Applicant:	(A) Gross Annual Income Details Please tick (✓)
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
	[OR]
Net-worth in ₹ _____	(Net worth should not be older than 1 year) as on (date) DD/MM/YYYY
(B) Please tick if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> 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
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
	[OR]
Net-worth in ₹ _____	(Net worth should not be older than 1 year) as on (date) DD/MM/YYYY
(B) Please tick if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
(C) Any other information:	_____
3rd Applicant:	(A) Gross Annual Income Details
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
	[OR]
Net-worth in ₹ _____	(Net worth should not be older than 1 year) as on (date) DD/MM/YYYY
(B) Please tick if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
(C) Any other information:	_____

FOR NON-INDIVIDUALS ONLY

(A) Gross Annual Income Details
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
[OR]
Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY
(B) Is the entity involved in / providing any or the following services
- Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO
- Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> 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 formAre you a tax resident of any country other than India ? ☐ Yes ☐ NoIf **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third ApplicantIf **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)

Sr. No. 2025/

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 1961]

Received from Mr / Ms / M/s	_____
An application under	_____ (scheme name)
along with Cheque/DD ^s /NEFT/RTGS	_____ dated DD/MM/YYYY
Ref. No./Unique Serial No. (For Cash)	_____
Drawn on (Bank)	_____
for ₹ (in figures)	_____

^s Cheques and drafts are subject to realisation.Stamp of UTI AMC Office/
Authorised Collection Centre

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account 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.

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number#			
Mobile Number			
Email Id			
Address			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) #If the proof of identity is Aadhaar, provide last 4 digits only

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our mutual funds Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our mutual funds Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual funds Folio / demat account.

Sign. here
→

Sign. here
→

Sign. here
→

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. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. ● 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/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)∞

☐ SoA in Physical Form ☐ AAR in Physical Form

Applicable to NRIs : ☐ At my Overseas address as mentioned above ☐ 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) STD CODE	Tel. (O) STD CODE
	*E-mail		
	Alternate 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	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA	Relationship	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA
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 ☐

Sign. here
→

Sign. here
→

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 'ab')

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- 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.**
- 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 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@kfintech.com

UMRN

Utility Code

Sponsor Bank Code

To debit (tick✓)

SB / CA / CC / SB-NRE / SB-NRO / OTHER

with Bank

an amount of Rupees

Debit Type

☒ Fixed Amount
 ☒ Maximum Amount
 ☒ Frequency
 ☒ Monthly
 ☒ Quarterly
 ☒ Half Yearly
 ☒ Yearly
 ☒ As & when presented

Reference 1

Reference 2

From

To

Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

Phone No.

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 & 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 New SIP
 ☐ Renewal of Existing SIP
 ☐ Micro SIP
 ☐ Change in Existing 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

☐ PAN Proof ☐ KYC Complied

☐ PAN Proof ☐ KYC Complied

☐ PAN Proof ☐ 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)

Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period*	SIP Step Up	
				(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 <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
		<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 <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
		<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 <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <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	₹	* Note : SIP mandate shall be registered for a maximum period of upto 40 years		

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 authorize 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 AUC 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) <input type="checkbox"/>			



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.

☐ 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	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	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