UTI-SIP UTI SMaRT Form (Form for NACH/Auto Debit/ECS)



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Reference 1			Folio Nu	mber								Mo	bile	No.	Plage	e enter mo	hilo nu	mbor ro	gistored	in Indi	a onkil				
Reference 2		AJ	pplication l	Number							78	Em	ail I	р[Ineas	a enier mo	one no	illiber re	gisiered	III JIIGI	a only			11	
I agree for the debit of mandate processing	charges by	y the bank	whom I an	n authori	zing to de	bit my	account	as pe	er l ates	t sched	lule	of charg	jes of	the b	ank.										
From D M M V	v	9																							
					re Primary Account holder Signature of Acc								coun	t hold	er		_	5	Signatı	are of	of Account holder 12				
					ne as in Bank records 2. Name as in Ban												3				as in Bank records				
This is to confirm that the declaration has be I have understood that I am authorized to ca																			structio e banl	ons as k whe	agree re I ha	d and : ve auth	signed norized	by me. the debit	
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YEARS UTI Mutual Fund					UTI	2 M	aKI	5	IP	FOI	r										_ `	newal c			
ARN		EU	IN	1	Sub ARN	Code		9	Sub Co	de			MO	Code			UTI	RM N	lo.		Mic	ro SIP			
ARN-87761		E075	033																		Sal	-	-		
Upfront commission shall be paid directly b	y the invest	tor to the AM	NFI / NISM ce	ertifies UT	IMF registe	ered dist	ributors l	pased	on the i	nvestor	s' ass	essment	of va	rious fo	actors i	ncluding	the se	rvice re	endered	by th	Cha e distrib	utor. I/	We cont	irm that	
the EÜIN box is intentionally left blank by me/ u distributor personnel and the distributor has nit				ransactio	n.(P l eses tid	k and si	gn be l ow	wher					ncerr	ned or i	not witi	nstanaing	ine a	avice o	it in-ap	propri	atness,	r any, p	rovided	by such	
APPLICANT DETAILS				AP	PLICATIO	N NO./	FOLIO	NO.	I <u>C</u>	Г.				_	+		+	_	_						
Name Of Sole / 1st holder / Beneficion						+																			
Name Of Guardian (In case of Minor)																								
PAN DETAILS First Applicant / Guardian	<u> </u>					Second	d Applic	ant		(If no	ot reç	jistered	in the	folio	alread	ly)		Third	Applic	ant					
First Applicant / Guardian					Second Applicant								Third Applicant												
Mandatory Enclosures □ PAN Proof □ KYC Complied □ PAN Proof					Mandatory Enclosures AN Proof XYC Complied									Mandatory Enclosures PAN Proof KYC Complied											
					Exempt KYC Ref no									PAN Exempt KYC Ref no											
(PEKRN for Micro investments)			(PEKRN f	or Micro i	nvestm	ents)							(PEKR	N for Mic	ro in	vestm	ents) -						
SIP DETAILS																									
Scheme Name, Plan, Option				CID Date			Instalment								SIP Period					SIP Step Up					
				SIP		Date Amount		rrequency		icy	Regular (MM/YY)				Perpetual (MM/YY)					Amount In Multiple of Frequence			ісу		
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Amount in the mandate to bank should b this total amount	e equal or	more than			Total																				
My Financial Goal for this SIP (choose	anyone)																								
Retirement Corpus	Child Edu			Child A	Narriage			Drea	ım Car			Dre	am F	louse			Mari	riage			Holid	ay			
(In case of saving for Child, mention name	of Child)										Ta	arget A	mou	ınt											
I/ We hereby authorise UTI MUTUAL FUND and their on not hold UTI Mutual Fund responsible. I/We will also it	nform UTI Mu	itual Fund, abo	ove any chang	ges in my bo	ank account.	I/ We ha	ive read a	nd und	lerstood tl	ne conter	nts of t	he SAL, SI	D, KIM	l, Instruc	tions an	d Addend	a issue	d from tir	me to tim	ne of the	e respecti	ive Schen	ne(s) of L	TI Mutual	
Fund, have read and agreed to the instructions cum tern The ARN holder has disclosed to me/us all the commi UTIMF/UTI AMC to share my data furnished in the For	ssions (in the	form of trail co	ommission or o	any other m	ode), payab	le to him f	or the diffe	erent co	ompeting	Scheme	of va	rious Mutu	al Fun	d from a	mongst	which the	Schem	e is bein	ig recom	mende	d to me/	us. I/W	e hereby	authorize	
me / us for availing this facility and carrying out transa: MF website (http://www.utif.com/customerservice/Pi	ctions of Purch	nase/SIP/Red	demption/Sw	vitch in my/	our above n	nentioned	folio wher																		
By signing this SIP enrolment form I/ We under								SIP M	andate (Should	be si	gned as	per m	ode of	holdin	g in the fo	lio)								
1st Holder / Guardi			2	2nd Uni	t Hol	der									3	rd Uni	it Ho	der							