

UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



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

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**

Tick (✓)
 CREATE
 MODIFY
 CANCEL

I/We hereby authorize to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with 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 Mobile No.
(Please enter mobile number registered in India only)

Reference 2 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
 Name as in Bank records 1. 2. 3.

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: REGISTRATION CHANGE CANCELLATION

ARN	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.
ARN - 10520	E036140				

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)

*FOLIO / APPLN NO. FOLIO UNDER UTI ULIP#

PAN KYC Complied DATE OF BIRTH OF 1st HOLDER / MINOR

1st 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 /customer-service /Pages/default.aspx](http://www.utimf.com/customer-service/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.



Received From

*Folio / Application No.

Date

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.

TIME STAMP