



FORM FOR SIP / MICRO SIP (AUTO DEBIT/ECS FACILITY)

(Please read instructions)

S	SYSTEMATIC
I	INVESTMENT
P	PLAN

Name of Financial Advisor and ARN®	Sub ARN Code®	Sub Code®	MO Code®	EUI No.®	UTI RM No.®	<input type="checkbox"/> SIP
S Babu Arunachalam				E036140		<input type="checkbox"/> MICRO SIP
ARN - 1 0 5 2 0						*Refer Instruction '13'

Upfront commission shall be paid directly by the investor to the AMFI / NISM 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 17)

Signature of 1st Applicant / Guardian	Signature of 2nd Applicant	Signature of 3rd Applicant
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*I/We hereby declare that the particulars given below are correct and express my willingness to make payments referred below through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons 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 mentioned within and have read and agreed to the 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 investments exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants). **I/We hereby authorize UTI MF to send my Consolidated Account Statement (CAS)/ Statement of Account (SoA)/ Abridged Annual Report/ All other communication related to my investment in SIP/Micro SIP only through e-mail instead of physical copy. (**Those who wish to get physical CAS/SoA/AAA/All other Communication may delete the same). *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

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below. Refer Instruction '14' regarding deduction of transaction charges)

AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges (Refer Instruction '14') OR ₹ 100 will be deducted as transaction charges (Refer Instruction '14')

Application No./ Existing Folio No. _____ Date _____

FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Name of First / Sole Applicant _____
 Name of Second Applicant _____
 Name of Third Applicant _____
 Name of Guardian (in case First/Sole applicant is minor) _____

APPLICANT	PAN	KYC Complied (Mandatory)	Date of Birth	Mobile No	E-mail ID
First/Sole Applicant		<input type="checkbox"/>			
Second Applicant		<input type="checkbox"/>			
Third Applicant		<input type="checkbox"/>			
Guardian		<input type="checkbox"/>			

I wish to opt. for Physical Mode Demat Mode

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 the Depository Participant. Demat Account details are compulsory if demat mode is opted above)

National Securities Depository Limited	Depository Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository Name _____ Target ID No. _____
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Enclosures : Client Master List (CM) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

DETAILS OF SIP (For "DIRECT PLAN" please tick here & write the Scheme name, Plan / Option below) (Refer Instruction '15')

Scheme Name, Plan / Option _____

Each SIP/Micro SIP Amount (₹)* _____ Frequency: Mntly Qrtly Date* : 1st 7th 15th 25th
 (Default Amount is ₹ 500) (Default Date is 1st) *Please refer instruction No. 3

SIP/Micro SIP Period : Start from _____ End On** _____ OR Default Month (December 2099) ** Please refer instruction No. 5

Mandatory Enclosure (if 1st installment is not by cheque) Blank cancelled cheque Copy of cheque

I / We hereby, authorize UTI Mutual Fund and their authorised service providers, to debit my/our following bank account by Direct Debit/ECS Debit for collection of SIP/Micro SIP Payments.

BANK ACCOUNT DETAILS (Mandatory As Per SEBI Guidelines)

A/C Type (✓) SB Current NRO NRE FCNR Account No. _____
 (Core Banking A/c No.)

Bank Name _____

Branch _____ Branch City _____

PIN _____ IFSC Code _____ 9 digit MICR Code* _____

Account holder Name as in Bank Account _____

Signature of 1st Applicant / Guardian / Authorised Signatory	Signature of 2nd Applicant / Authorised Signatory	Signature of 3rd Applicant / Authorised Signatory
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Banker's Attestation (For bank use only)

Signature of Authorised Official from Bank with Stamp and Date _____

Certified that the signature of the account holder and the details of Bank account are correct as per our records.

TEAR AWAY

Authorisation of the Bank Account Holder (to be signed by the Investor) (To be retained by the Bank)

To,
The Branch Manager

PIN _____

This is to inform that I/We hereby register for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit and that my/our payment towards my investment in UTI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I authorise you to honour such payments. I/We also authorise the representative carrying this Direct/ECS Debit Mandate Form to get it verified & executed, if necessary. The verification charges, if any, may be debited to my/our account.

Bank Account Number _____

First Account Holder's Signature (As in Bank Records)	
Second Account Holder's Signature (As in Bank Records)	
Third Account Holder's Signature (As in Bank Records)	

(X)

(X)