

# UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



Haq, ek behtar zindagi ka.

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

Tick (✓)  
 CREATE   
 MODIFY   
 CANCEL   
 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**  
 I/We hereby authorize **UTI Mutual Fund** to debit (tick✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number   
 with Bank  Name of Customers 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  Folio Number  Mobile No.

Reference 2  Application Number  Email ID

PERIOD  
 From          
 To          
 Or  Until Cancelled  
 1.  Signature Primary Account holder  Signature of Account holder  Signature of Account holder  
 2.  Name as in Bank records  Name as in Bank records  Name as in Bank records

"This is to confirm that the declaration has been read, understood and made by me/us"

## UTI SMaRT FORM FOR ELECTRONIC FACILITY

(Applicable for KYC complied Individual Investors)



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DATE:         REGISTRATION  CHANGE  CANCELLATION

ARN	Sub ARN Code	Sub Code	MO Code	EUIN	UTI RM NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.  PAN  KYC Complied

1st HOLDER NAME

\*MOBILE NO. OF 1ST HOLDER :+91  \*EMAIL ID OF 1ST HOLDER

(Please enter mobile number registered in India only)

(The above Mobile No. of the investor & email id will be registered/replaced in the folio with above details)

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 /customerservice /Pages/default.aspx](http://www.utimf.com/customerservice/Pages/default.aspx)) and also displayed/available at the UFC.

(Signatures in the order as it appears in the Folio)

\*Mandatory  
 1st Holder / Guardian  
  
 2nd Unit Holder  
  
 3rd Unit Holder  
 \*Folio held in Single and anyone or survivor is only allowed to register

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## UTI SMaRT FORM ACKNOWLEDGEMENT

UTI Mutual Fund, UTI Tower, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.



Haq, ek behtar zindagi ka.

Received From

\*Folio / Application No.

Date

TIME STAMP

Note : All purchases are subject to realisation of Cheques/ receipt of funds.

## CHECK LIST

1. The Form is complete in all respects.
2. The form is signed by the holders as per the holding basis
3. Folio, Mobile Number, email id , PAN and KYC details are submitted.
4. A Copy of cheque leaf is enclosed.

## GUIDELINES TO FILL UTI SMaRT FORM

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Provide CBS Account Number
4. Write name of the bank through which you wish to invest.
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Period: Starting date of UTI SMaRT FORM registration (in format DD/MM/YYYY)
10. Telephone Number
11. Email ID
12. Specimen Signature as Submitted by you with your banker against the particular/given bank account
13. Name: Mention Holder Name as Per Bank Record