

		UMRN											Date	D D		M M		Y Y		Y Y	
Utility Code												<input checked="" type="checkbox"/> Create		<input checked="" type="checkbox"/> Modify		<input checked="" type="checkbox"/> Cancel					
Sponsor Bank Code												I/We authorize UTI MUTUAL FUND									
To debit (tick✓)		SB / CA / CC / SB-NRE / SB-NRO / OTHER		Bank a/c number																	
with Bank												IFSC / MICR									
an amount of Rupees												₹									
Debit Type		<input checked="" type="checkbox"/> Fixed Amount		<input checked="" type="checkbox"/> Maximum Amount		Frequency		<input checked="" type="checkbox"/> Monthly		<input checked="" type="checkbox"/> Quarterly		<input checked="" type="checkbox"/> Half Yearly		<input checked="" type="checkbox"/> Yearly		<input checked="" type="checkbox"/> As & when presented					
Reference 1												Reference 2									
<p>1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.</p>																					
From		D D		M M		Y Y		Y Y		Y Y		Y Y		Y Y		Y Y					
To		D D		M M		Y Y		Y Y		Y Y		Y Y		Y Y		Y Y					
Phone No.												1. Signature Primary Account holder		Signature of Account holder		Signature of Account holder					
												Name as in Bank records		Name as in Bank records		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	EJIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.
ARN-146822	E356542		RHEDGEQUI		

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 EJIN 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					
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied		<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)				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	
	D D	<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 M M Y Y	To	<input type="checkbox"/> Until cancelled <input type="checkbox"/> M M Y Y	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	D D	<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 M M Y Y	To	<input type="checkbox"/> Until cancelled <input type="checkbox"/> M M Y Y	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	D D	<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 M M Y Y	To	<input type="checkbox"/> Until cancelled <input type="checkbox"/> M M Y Y	<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 30 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 UTI MF/UTI AMC to share my data furnished in the Form with 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/scheme of the UTI MF. 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 UFC 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