

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 ⁴IFSC ⁵or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtrly H.Yrly Yrly As & when presented DEBIT TYPES Fixed Amount Maximum Amount

Reference 1 ⁷ Mobile No. ¹⁰
(Please enter mobile number registered in India only)

Reference 2 ⁸ Email ID ¹¹

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 3 1 1 2 2 0 9 9
 Or Until Cancelled

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

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)



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DATE: REGISTRATION CHANGE CANCELLATION

ARN	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.
157526	E286497				

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.

*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 authorize 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.

*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.



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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

*CHECK LIST

The Form is complete in all respects.

The form is signed by the holders as per the holding basis

Folio, Mobile Number, email id , PAN and KYC details are submitted.

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