## **UTI SMaRT FORM**

UTI Mutual Fund Haq, ek behtar zindagi ka.

(UTI Single Mandate Registration & Transaction Form)

	UMRN I	F o r o f f	i c e u s e	Date	
Tick (✓)	sor 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
CREATE / MODIFY I/We hereby authorize UTI Mutual Fund to debit (tick/) SB CA CC SB-NRE SB-NRO Other 2					
CANCELX	/c number				3
with Bank		<sup>1</sup> FSC		or MICR	
an amount of Rupees   ₹					
FREQUENCY A Mihly Q Qtly Q H-Yrly Q Yrly  As & when presented DEBIT TYPES Fixed Amount					
Reference 1			Mobile	No. (Please enter mobile number regis	stered in India only)
Reference 2			Email IC		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   9   9   9   9   9   9   9   9   9					
To 3 1 1 2	2 0 9 9	Signature Primary Account hole	der Signature of Account	holder Sig	nature of Account holder 12
Or   Until Cancelle	ed 1		2	3	13
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 CANCELLA	ATION 🔲 4	aq, ek behtar zindagi ka.
ARN	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.
165414	E165274				
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 ULI	P#	
PAN		KYC Complied	DATE OF BIRTH OF 1st HOL	DER / 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/customerservice/Pages/default.aspx) and also displayed/available at the UFC.					
*Manda	atory				
1st Holder / Guardian as per folio 2nd Unit Holder *Folio held in Single and anyone or survivor is only allowed to register- *only renwal contribution can be made using smart form)					nit Holder
UTI SMORT FORM  ACKNOWLEDGEMENT  UTI Mutual Fund, UTI Tower, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.					UTI Mutual Fund ag, ek behtar zindagi ka.
Received From					
Folio / Application No.					
Date TIME STAMP					

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.



## \*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