



FORM FOR SIP / MICRO SIP (AUTO DEBIT FACILITY)

(Please read instructions)

S	SYSTEMATIC
I	INVESTMENT
P	PLAN

AGENT's Name and ARN[®] Sub Broker Code[®] MO Code[®]

ARN-3092

SIP MICRO SIP

*Refer Instruction '13'

Upright 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 hereby declare that the particulars given below are correct and express my willingness to make payments referred above 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 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 (Please tick any one of the below. Refer Instruction '14' regarding deduction of transaction charges)

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS
 ₹ 150 will be deducted as transaction charges (Refer Instruction '14')

OR

I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
 ₹ 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

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

SIP/Micro SIP Period : Start from M M Y Y End On** M M Y Y 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, authorise 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 Ac.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 _____

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)

ARN-3092

To,
 The Branch Manager

 PIN _____

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)	

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 _____