UTI SMaRT FORM

UTI Mutual Fund

۲Ŭ۱,	I Single Mandate Re	gistration & Transaction	Form)	Haq, ek behtar zindagi ka.
UMRN UMRN Sponsor Bank Code CI	F o r o f f T I 0 0 0 P I G	i c e u s e W Utility Code C I T I	0 0 0 0 2 0	
Tick (\checkmark) CREATE	UTI Mutual Fur		:bit (tick√) SB (
MODIFY I/We hereby authorize CANCEL				3
Bank a/c number				
with Bank	ÎFSC		or MICR	
an amount of Rupees				₹
FREQUENCY 🛛 Mithly 🖾 Qily 🖾 H-Yrly 🕻	🗧 Yrly- 🗹 As & when present	ed DEBIT TY	(PES 🔀 Fixed Am	
Reference 1		7 Mobile 1	No.	10
Reference 2		Email ID		per registered in India only)
I Agree for the debit of mandate processing charges	by the bank whom I am auth			aes of the bank
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$		derSignature of Account 22	3	13
based on the instruction as agreed and signed by m I have understood that I am authorized to cancel/an the bank where I have authorized the debit.	e.	iately communicating the cancellati	Ū.	
	ole for KYC complied In			UTI Mutual Fund
DATE:	REGISTRATION	CHANGE CANCELLA	2	Haq, ek behtar zindagi ka.
ARN EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.
ARN-112623 E161330				
Upfront commission shall be paid directly by the inv including the service rendered by the distributor. I/V interaction or advice by the distributor personnel co distributor has not charged any advisory fees for this	Ve confirm that the EUIN box oncerned or notwithstanding t	is intentionally left blank by me/us o	as this is an "execution	n-only" transaction without any
FOLIO / APPLN NO.		FOLIO UNDER UTI ULI	P#	
PAN	KYC Complied	DATE OF BIRTH OF 1*HOL		
st HOLDER NAME				
I/ We have read and understood the Scheme I authorise UTI MUTUAL FUND and their authorized se you to register me/us for availing this facility and carry have read and understood the Terms & Conditions of (Pages/default.aspx) and also displayed/available at	rvice providers and my banker ring out transactions of Purcha the facility in which I/we wish	, to debit my/our following bank acc se/ SIP/Redemption/Switch in my /o	count using the Manda ur above mentioned fo	ate form. I/We hereby request blio wherever applicable. I/we
*Mandatory 1st Holder / Guardian as per folio	2nd	Unit Holder	2	rd Unit Holder
*Folio held in Single and anyone or survivor is only al				
	ACKN	SMaRT FORM IOWLEDGEMENT 1-Kurla Complex, Bandra (East), Mumba	ai - 400 051.	UTI Mutual Fund Haq, ek behtar zindagi ka.
Received From				
olio / Application No.				
				TIME STAMP
Date	he registered/replaced with th	e mobile number and email ID in th	ne folio	
Note : All purchases are subject to realisation				

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*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