

APPLICATION FORM



Haq, ek behtar zindagi ka.

LET YOUR CHILDREN
BE WHOEVER THEY
WANT TO BE.

Contact your mutual fund distributor or
give a missed call on **8655019940**.

The right investments on time may help your child realize
his/her dreams. Invest in the UTI Children Career Fund,
one of the trusted children's funds in India.

SMS "UTICCF" to 5676756 | www.utimf.com

UTI CHILDREN'S CAREER FUND

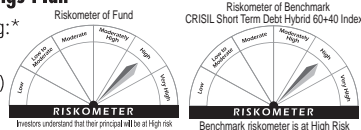
UTI Children's Career Fund is an open ended fund for investment for children having a lock-in for at least 5 years or till the child attains age of majority (whichever is earlier).

UTI Children's Career Fund (UTI CCF) - Savings Plan

This product is suitable for investors who are seeking-*

- Long term capital appreciation
- Investment in equity instruments (maximum-40%) and debt instruments

*Investors should consult their financial advisors if in doubt about whether the product is suitable for them.

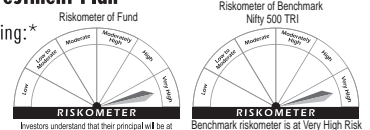


UTI Children's Career Fund (UTI CCF) - Investment Plan

This product is suitable for investors who are seeking-*

- Long term capital appreciation
- Investment in equity instruments (above 70%) and debt instruments

*Investors should consult their financial advisors if in doubt about whether the product is suitable for them



Risk-o-meter for the funds/benchmarks are as on February 29, 2024. The Risk-o-meter of the fund/s is/are evaluated on monthly basis and any changes to Risk-o-meter are disclosed vide addendum on monthly basis, to view the latest addendum on Risk-o-meter, please visit addenda section on <https://utimf.com/forms-and-downloads/>

MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.



Haq, ek behtar zindagi ka.

APPLICATION FORM UTI CHILDREN'S CAREER FUND (UTI CCF)

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2024/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')							BDA / CA Code
ARN/RIA Code^	Name of Financial Advisor	Sub ARN Code	Sub-Code / Bank Branch Code	M O Code	EUI No.®	UTI RM No.	

^ By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

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. (Please tick and sign below when EUIN box is left blank). (refer instruction 'w').

Signature of Guardian

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below)

(Refer Instruction 'i')

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

₹ 100 will be deducted as transaction charges per subscription of ₹ 10,000 and above

Existing Unit Holder information : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

BENEFICIARY CHILD'S DETAILS ☐ Master ☐ Kumari (Not exceeding 18 years of the age)

Name

Date of Birth* Mandatory PAN/ PEKRN\$ Enclosed copy of ☐ PAN Card (if available)

GUARDIAN DETAILS: (KYC Mandatory) Relation with the Beneficiary child: ☐ Father ☐ Mother ☐ Legal Guardian (Name as per the PAN card)

☐ Mr ☐ Ms ☐ Mrs ☐ M/s

Name

Date of Birth* Mandatory PAN/ PEKRN\$ Enclosed copy of ☐ PAN Card (if available)

Address

City*

State Country* Zip/Pin*

DETAILS OF ALTERNATE CHILD

☐ Address as per the Beneficiary Child (Do not repeat if the address is same as beneficiary child)

Name

Date of Birth* Mandatory PAN/ PEKRN\$ Enclosed copy of ☐ PAN Card (if available)

BANK PARTICULARS OF BENEFICIARY CHILD

(Under growth option, redemption amount will be credited to this account)

Bank Name	Branch
Address	MICR Code <input type="text"/>
City	(this is a 9-digit number next to your cheque number)
*Pin <input type="text"/>	IFS Code <input type="text"/>
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	(this is a 11-digit number)
Account No. <input type="text"/>	

BANK PARTICULARS OF GUARDIAN

Bank Name	Branch
Address	MICR Code <input type="text"/>
City	(this is a 9-digit number next to your cheque number)
*Pin <input type="text"/>	IFS Code <input type="text"/>
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	(this is a 11-digit number)
Account No. <input type="text"/>	

Redemption proceeds shall be credited only in the verified bank account of the minor, i.e. bank account of the minor or minor with the parent/ legal guardian, after completing all KYC formalities. Further, in case of non availability of beneficiary's bank details in the folio, investors are requested to submit a form for change of pay-out bank mandate with the required documents before submission of redemption request.

INVESTMENT DETAILS (Please tick) (Refer Instruction 'j')

<p style="text-align: center;">UTI CCF-Savings Plan :</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan </div> <p style="margin-top: 10px;">Options : Growth</p>	<p style="text-align: center;">UTI CCF-Investment Plan :</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Options <input type="checkbox"/> Growth <input type="checkbox"/> IDCW </div> <p style="text-align: right; margin-top: 10px;">(Default Growth Option)</p>
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IDCW - Income distribution cum capital withdrawal

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standard) (Refer Instruction 'y')

(Refer Instruction 'y')

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash	Account type (please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> NRO	<input type="checkbox"/> Current <input type="checkbox"/> DD	<input type="checkbox"/> NRE
Account No.					
Date	Amt. of investment (i)	<input type="checkbox"/> UTI Smart Form if already registered (Applicable for existing investors)			
Bank	DD Charges if any (ii)	# Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"			
Branch	Net amount paid (i-ii)	♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.			
Amt. in words					

GENERAL INFORMATION - Please (✓) wherever applicable

Category of Beneficiary Child	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian
Status of Guardian	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Others (Please specify) _____
Category of Guardian	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian
Occupation of Guardian	<input type="checkbox"/> Business	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Others (Please specify) _____	

FRIEND IN NEED DETAILS In case UTI MF is unable to communicate with me at my registered address, I authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (Refer Instruction 'k')

[illegible]

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD) (Refer Instruction 'z')

(Refer Instruction 'z')

Information to be provided by the Applicant

Are you a tax resident of any country other than India ?

If **No**, please tick here : ☐

If **Yes**, please tick here : ☐ Please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

OTHER DETAILS (MANDATORY)

GUARDIAN (A) Gross Annual Income Details Please tick (✓)

(A) Gross Annual Income Details Please tick (✓)

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ (Net worth should not be older than 1 year) as on (date) / /

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
(for definition of PEP, please refer instruction 'x')

(C) Any other information:

CHILD (Optional) (A) Gross Annual Income Details ☐ 0-14.1 ☐ 14.51-20 ☐ 20.51-25 ☐ 25.51-30 ☐ 30.51-35 ☐ 35.51-40 ☐ 40.51-45 ☐ 45.51-50 ☐ 50.51-55 ☐ 55.51-60 ☐ 60.51-65 ☐ 65.51-70 ☐ 70.51-75 ☐ 75.51-80 ☐ 80.51-85 ☐ 85.51-90 ☐ 90.51-95 ☐ 95.51-100 ☐ 100.51-105 ☐ 105.51-110 ☐ 110.51-115 ☐ 115.51-120 ☐ 120.51-125 ☐ 125.51-130 ☐ 130.51-135 ☐ 135.51-140 ☐ 140.51-145 ☐ 145.51-150 ☐ 150.51-155 ☐ 155.51-160 ☐ 160.51-165 ☐ 165.51-170 ☐ 170.51-175 ☐ 175.51-180 ☐ 180.51-185 ☐ 185.51-190 ☐ 190.51-195 ☐ 195.51-200 ☐ 200.51-205 ☐ 205.51-210 ☐ 210.51-215 ☐ 215.51-220 ☐ 220.51-225 ☐ 225.51-230 ☐ 230.51-235 ☐ 235.51-240 ☐ 240.51-245 ☐ 245.51-250 ☐ 250.51-255 ☐ 255.51-260 ☐ 260.51-265 ☐ 265.51-270 ☐ 270.51-275 ☐ 275.51-280 ☐ 280.51-285 ☐ 285.51-290 ☐ 290.51-295 ☐ 295.51-300 ☐ 300.51-305 ☐ 305.51-310 ☐ 310.51-315 ☐ 315.51-320 ☐ 320.51-325 ☐ 325.51-330 ☐ 330.51-335 ☐ 335.51-340 ☐ 340.51-345 ☐ 345.51-350 ☐ 350.51-355 ☐ 355.51-360 ☐ 360.51-365 ☐ 365.51-370 ☐ 370.51-375 ☐ 375.51-380 ☐ 380.51-385 ☐ 385.51-390 ☐ 390.51-395 ☐ 395.51-400 ☐ 400.51-405 ☐ 405.51-410 ☐ 410.51-415 ☐ 415.51-420 ☐ 420.51-425 ☐ 425.51-430 ☐ 430.51-435 ☐ 435.51-440 ☐ 440.51-445 ☐ 445.51-450 ☐ 450.51-455 ☐ 455.51-460 ☐ 460.51-465 ☐ 465.51-470 ☐ 470.51-475 ☐ 475.51-480 ☐ 480.51-485 ☐ 485.51-490 ☐ 490.51-495 ☐ 495.51-500 ☐ 500.51-505 ☐ 505.51-510 ☐ 510.51-515 ☐ 515.51-520 ☐ 520.51-525 ☐ 525.51-530 ☐ 530.51-535 ☐ 535.51-540 ☐ 540.51-545 ☐ 545.51-550 ☐ 550.51-555 ☐ 555.51-560 ☐ 560.51-565 ☐ 565.51-570 ☐ 570.51-575 ☐ 575.51-580 ☐ 580.51-585 ☐ 585.51-590 ☐ 590.51-595 ☐ 595.51-600 ☐ 600.51-605 ☐ 605.51-610 ☐ 610.51-615 ☐ 615.51-620 ☐ 620.51-625 ☐ 625.51-630 ☐ 630.51-635 ☐ 635.51-640 ☐ 640.51-645 ☐ 645.51-650 ☐ 650.51-655 ☐ 655.51-660 ☐ 660.51-665 ☐ 665.51-670 ☐ 670.51-675 ☐ 675.51-680 ☐ 680.51-685 ☐ 685.51-690 ☐ 690.51-695 ☐ 695.51-700 ☐ 700.51-705 ☐ 705.51-710 ☐ 710.51-715 ☐ 715.51-720 ☐ 720.51-725 ☐ 725.51-730 ☐ 730.51-735 ☐ 735.51-740 ☐ 740.51-745 ☐ 745.51-750 ☐ 750.51-755 ☐ 755.51-760 ☐ 760.51-765 ☐ 765.51-770 ☐ 770.51-775 ☐ 775.51-780 ☐ 780.51-785 ☐ 785.51-790 ☐ 790.51-795 ☐ 795.51-800 ☐ 800.51-805 ☐ 805.51-810 ☐ 810.51-815 ☐ 815.51-820 ☐ 820.51-825 ☐ 825.51-830 ☐ 830.51-835 ☐ 835.51-840 ☐ 840.51-845 ☐ 845.51-850 ☐ 850.51-855 ☐ 855.51-860 ☐ 860.51-865 ☐ 865.51-870 ☐ 870.51-875 ☐ 875.51-880 ☐ 880.51-885 ☐ 885.51-890 ☐ 890.51-895 ☐ 895.51-900 ☐ 900.51-905 ☐ 905.51-910 ☐ 910.51-915 ☐ 915.51-920 ☐ 920.51-925 ☐ 925.51-930 ☐ 930.51-935 ☐ 935.51-940 ☐ 940.51-945 ☐ 945.51-950 ☐ 950.51-955 ☐ 955.51-960 ☐ 960.51-965 ☐ 965.51-970 ☐ 970.51-975 ☐ 975.51-980 ☐ 980.51-985 ☐ 985.51-990 ☐ 990.51-995 ☐ 995.51-1000 ☐ 1000.51-1005 ☐ 1005.51-1010 ☐ 1010.51-1015 ☐ 1015.51-1020 ☐ 1020.51-1025 ☐ 1025.51-1030 ☐ 1030.51-1035 ☐ 1035.51-1040 ☐ 1040.51-1045 ☐ 1045.51-1050 ☐ 1050.51-1055 ☐ 1055.51-1060 ☐ 1060.51-1065 ☐ 1065.51-1070 ☐ 1070.51-1075 ☐ 1075.51-1080 ☐ 1080.51-1085 ☐ 1085.51-1090 ☐ 1090.51-1095 ☐ 1095.51-1100 ☐ 1100.51-1105 ☐ 1105.51-1110 ☐ 1110.51-1115 ☐ 1115.51-1120 ☐ 1120.51-1125 ☐ 1125.51-1130 ☐ 1130.51-1135 ☐ 1135.51-1140 ☐ 1140.51-1145 ☐ 1145.51-1150 ☐ 1150.51-1155 ☐ 1155.51-1160 ☐ 1160.51-1165 ☐ 1165.51-1170 ☐ 1170.51-1175 ☐ 1175.51-1180 ☐ 1180.51-1185 ☐ 1185.51-1190

(A) Gross Annual Income Details

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ₹ (Net worth should not be older than 1 year) as on (date) / /

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) Any other information: _____

DECLARATION AND SIGNATURE OF LEGAL GUARDIAN

● I/We have read and understood the contents of the Scheme Information Documents, Statement of Additional Information and Key Information Memoranda, addenda issued till date and apply to the trustee of UTI Mutual fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the schemes as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. ● I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● 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. ● I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual fund. (Applicable to NRIs.) ● I hereby solemnly declare that I am the father/mother/legal guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. ● I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SOA) / ABRIDGED ANNUAL REPORT (AAR)[∞]

Applicable to NRIs :

- ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above
☐ AAR in Physical Form ☐ To be dispatched to my resident relative's address in India as mentioned above

[∞] On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No.		Tel. (R)	STD CODE		Tel. (O)	STD CODE	
	*E-mail							
	Alternate E-mail							

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member		Name of the family member	
Relationship		Relationship	
PAN		PAN	
Folio Number		Folio Number	

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Signature of Guardian

Signature of Minor Child (Optional)



Haq, ek behtar zindagi ka.

Received from Mr / Ms / M/s

An application under

along with Cheque[§]/DD[§]/NEFT/RTGS
Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2024/

	(scheme name)
	dated

Stamp of UTI AMC Office/
Authorised Collection Centre

[§] Cheques and drafts are subject to realisation.

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Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

M/s Kfin Technologies Private Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com

		UMRN																Date					
		Utility Code																<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel					
Sponsor Bank Code								I/We authorize															
								UTI MUTUAL FUND															
To debit (tick ✓) <input type="checkbox"/> SB / CA / CC / SB-NRE / SB-NRO / OTHER								Bank a/c number															
with Bank								IFSC / MICR															
an amount of Rupees																₹							
Debit Type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount								Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented															
Reference 1																Reference 2							
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.																							
From								Maximum period of validity of this mandate is 40 years only															
To																							
Maximum period of validity of this mandate is 40 years only								Signature Primary Account holder								Signature of Account holder							
Phone No.								1. Name as in Bank records								2. Name as in Bank records							
								3. 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™												<input type="checkbox"/> Registration of New SIP <input type="checkbox"/> Renewal of Existing SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Existing Bank Details											
ARN / RIA				EUIN				Sub ARN Code				Sub Code				MO Code				UTI RM No.															

☐ 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 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											
Mandatory Enclosure												Mandatory Enclosure											
<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)											

SIP DETAILS											
Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period*		SIP Step Up					
				(MM/YY)		Amount In Multiple of ₹ 500/-	Frequency				
	<div style="border: 1px solid black; padding: 2px;"> DD </div>	<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	MMYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly				
				To	MMYY						
				<input type="checkbox"/> Until cancelled							
	<div style="border: 1px solid black; padding: 2px;"> DD </div>	<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	MMYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly				
				To	MMYY						
				<input type="checkbox"/> Until cancelled							
	<div style="border: 1px solid black; padding: 2px;"> DD </div>	<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	MMYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly				
				To	MMYY						
				<input type="checkbox"/> Until cancelled							
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 40 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 authorise 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 UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. 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

Unit Holding Option : ☐ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS-(Please ensure that the sequence of name to mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted below.
(Investor client ID should be printed in proof.)

Central Depository Securities Limited	Depository participant Name _____ Target ID _____	National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Target ID _____
Proof enclosed (Any one) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS) <input type="checkbox"/>			



Haq, ek behtar zindagi ka.

UTI SmaRT SIP Form™

For Post Dated Cheque (Only CTS - 2010 compliant cheques are allowed)

- ☐ Registration of SIP
☐ Renewal of SIP
☐ Micro SIP
☐ Salary Saving SIP
☐ Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

☐ 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 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)) _____

DETAILS OF SIP (For "DIRECT PLAN" please tick here ☐ & write the Scheme Name, Plan/Option below)

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)	Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)		
SIP / Micro SIP Date (Please tick)	01 07 15 25	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Post Dtd. Chq. Amt. (₹)
SIP / Micro SIP Period : Start from	M M Y Y	End On	M M Y Y
Cheque Nos. From	To	No. of Cheques	
Account No.	Drawn on		
Branch	PIN Code		
Mandatory Enclosure (if 1 st instalment is not by cheque) I/We have attached PAN card/Document copies of all applicants.		<input type="checkbox"/> Bank cancelled cheque	<input type="checkbox"/> Copy of cheque

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder