



Sr.No. 2025/ 01171132

TIME STAMP

Registrar Sr. No.

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

ARN/RIA Code ^a	Name of Financial Advisor / Distributor	Sub Broker ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. ^g	UTI RM No.
ARN - 146262		ARN-	Specific to bank branch			

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of In-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

Signature of 3rd Applicant

A. Mode of Holding: ☒ Single ☐ Joint ☐ Anyone or Survivor (Default - Joint holding)

B. APPLICANT'S PERSONAL DETAILS ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s * Denotes Mandatory Fields

	F	I	R	S	T		M	I	D	D	L	E					L	A	S	T					
				L	A	S	T										Date of Birth / Incorporation*	D	D	M	M	Y	Y	Y	Y

[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction y & z)

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs. (Name as per the PAN card)																	
F	I	R	S	T	M	I	D	D	L	E	L	A	S	T					
											Date of Birth ^a	D	D	M	M	Y	Y	Y	Y

*PAN/PEKRN\$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

[illegible]

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

[illegible]

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. (Name as per the PAN card) Date of Birth of 2nd Applicant*

	F	I	R	S	T		M	I	D	D	L	E					L	A	S	T
--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	---	---	---	---

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. (Name as per the PAN card) Date of Birth of 3rd Applicant*

d	d	m	m	y	y	y	y

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/-. (refer instruction 'o')

☐ SoA in Physical Form

Applicable to NRIs: ☐ ☐ AAR in Physical Form

On providing e-mail id investors shall receive statements/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

CONTACT DETAILS OF APPLICANT/S

First Applicant Details	*Mobile No.	+9	1												Tel. (R)	(+60) 8767		Tel. (O)	(+60) 8767	
	International Mobile No.	I	S	D																
	*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					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA					Relationship					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA				
PAN					<div style="border: 1px solid black; width: 100px; height: 20px;"></div>					PAN					<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				
Folio Number					<div style="border: 1px solid black; width: 100px; height: 20px;"></div>					Folio Number					<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

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.

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name		Branch	
Address		MICR Code	
	City	*Pin	
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		IFS Code	
Account No.			

INVESTMENTS & PAYMENT DETAILS (Refer instruction for scheme details) Please ensure that the cheque complies To CTS 2010 standard

Sr. No.	Name of the Scheme	Plan	Option	Sub-Option for IDCW	Investment Amount
1.					
2.					
3.					
4.					
5.					

*Please visit our official website for latest scheme details and Plan/Option. www.utimf.com→forms→Scheme/Plan/Option

MODE OF PAYMENT ☐ RTGS/NEFT ☐ CHEQUE ☐ FUND TRANSFER ☐ CASH

Date of NEFT/RTGS/ Cheque / Fund Transfer/Cash Deposit	Amount of NEFT/RTGS/ Cheque/ Fund Transfer/Cash Deposit	Drawn on Bank & Branch	Bank Account No. (For NEFT/RTGS/ Cheque)

UNITHOLDING OPTION: ☐ Physical Mode ☐ Demat Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

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 Depository Participant. Demat Account details are compulsory if demat mode is opted above

Depository Participant National Securities Depository Limited	Depository Name _____									
	DP ID No. _ _ _ _ _ _ _ _ _ _									
	Beneficiary Account No. _ _ _ _ _ _ _ _ _ _									
	Central Depository Services (India) Limited									
Depository Name _____										
Target ID No. _ _ _ _ _ _ _ _ _ _										

Enclosures : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

Enclosures: ☐ Client Master List (CML) ☐ Transaction Confirmation Statement ☐ Delivery Instruction Slip (DIS)

Friend in need details In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (Refer Instruction 'j')

Name

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address:

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Relationship with the applicant (optional)

Email

GENERAL INFORMATION - Please (✓) wherever applicable

Tax Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
	<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society*	<input type="checkbox"/> LLP
	<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust*	<input type="checkbox"/> Unlisted 'Not for Profit' Company
	<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> **Foreign Nationals
	<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> PIO (Please specify) _____
	<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> NPO* (Please specify) _____
	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	<input type="checkbox"/> Others (Please specify) _____
	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

** 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

** Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

Note for Non-Individual Investors: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)

(Refer Instruction y & z)

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	

Spouse's Name _____

Occupation

<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Housewife
<input type="checkbox"/> Government Service	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer
<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Doctor	<input type="checkbox"/> Others (Please specify) _____

OTHER DETAILS (MANDATORY)**FOR INDIVIDUALS ONLY**

1st Applicant: (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) DD/MM/YYYY

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

(C) Any other Information: _____

2nd Applicant: (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) DD/MM/YYYY

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

(C) Any other Information: _____

3rd Applicant: (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) DD/MM/YYYY

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

(C) Any other information: _____

FOR NON-INDIVIDUALS ONLY

(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) DD/MM/YYYY

(B) Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services ☐ YES ☐ NO

- Money Lending / Pawning ☐ YES ☐ NO

- Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO

(C) Any other information: _____

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction 'y')

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

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

First Applicant ☐ Yes ☐ NoSecond Applicant ☐ Yes ☐ NoThird Applicant ☐ Yes ☐ No

If Yes, please fill in the Particulars in the prescribed Form of FATCA/CRS for each applicant and attach it with this Application Form.



Hag, 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)

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 1961]

Sr. No. 2025/

01171132

_____	(scheme name)
_____	dated DD/MM/YYYY

Stamp of UTI AMC Office/
Authorised Collection Centre

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. I/We understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number*			
Mobile Number			
Email Id			
Address			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) *If the proof of identity is Aadhaar, provide last 4 digits only

While it is recommended to submit a nomination, if you choose not to do so, please provide the declaration below.

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our mutual funds Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our mutual funds Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual funds Folio / demat account.

Sign. here
↓

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/s

● I / We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, 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 scheme 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. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. ● I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● 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. ● 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 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 for NRIs) ● I hereby solemnly declare that I am the father/mother/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.

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 ☐

Sign. here
↓

Signature of 1st Applicant / Guardian / POA^{^^}
Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^{^^}
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^{^^}
Name of 3rd Authorised Signatory

Designation _____ Designation _____ Designation _____

^{^^}Power of Attorney (POA) Registration No. _____ (if already registered) (refer instruction 'aa')

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 12 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

NPCI UMRN Date

Utility Code ☒ Create ☒ Modify ☒ Cancel

Sponsor Bank Code I/We authorize **UTI MUTUAL FUND**

To debit (tick✓) ☐ SB / CA / CC / SB-NRE / SB-NRO / OTHER Bank a/c number

with Bank IFSC / MICR

an amount of Rupees ₹

Debit Type ☒ Fixed Amount ☒ Maximum Amount **Frequency** ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

Reference 1 Reference 2

I, 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 authorizing 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 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.

Please (✓) as applicable:

☐ OTM Debit Mandate is already registered in the folio.* [No need to submit again]

☐ OTM Debit Mandate is given above and to be registered in the folio.

UTI SmaRT SIP Form™

☐ Registration of New SIP ☐ Renewal of Existing SIP ☐ Micro SIP ☐ Change in Existing Bank Details

ARN / RIA	EJIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.
ARN-146262					

☐ 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 EJIN 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ PAN Proof ☐ KYC Complied ☐ PAN Proof ☐ KYC Complied ☐ PAN Proof ☐ 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)

*Use Existing One Time Debit Mandate. UMRN Bank Name Bank A/C No

SIP DETAILS	SIP Date	Instalment Amount	Frequency	SIP Period* (MM/YY)	SIP Step Up Amount In Multiple of ₹ 500/-	SIP Step Up Frequency
Scheme Name, Plan, Option	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/> <input type="checkbox"/> Until cancelled <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
Amount in the mandate to bank should be equal or more than this total amount.		Total	₹ <input type="text"/>	* 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

Target Amount

(In case of saving for Child, mention name of Child)

I hereby authorize 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 UTI Mutual Fund to share my data furnished in the Form with other service providers of the UTI Mutual Fund for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTI Mutual Fund. I/we hereby request you to register me/us for availing this facility and the carrying out transactions of Purchases/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.utiinf.com/customer-service/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrollment 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