

# UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



Haq, ek behtar zindagi ka.

ARN-4464  
E032737

UMRN

F o r o f f i c e u s e

Date

1

Tick (✓)

CREATE   
MODIFY   
CANCEL

Sponsor 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

I/We hereby authorize

UTI Mutual Fund

to debit (tick✓)

SB CA CC SB-NRE SB-NRO Other

Bank a/c number

3

with Bank

4

IFSC

5 or MICR

6

an amount of Rupees

₹

FREQUENCY  Mthly  Qtrly  H.Yrly  Yrly  As & when presented

DEBIT TYPES  Fixed Amount  Maximum Amount

Reference 1

7

Mobile No.

10

(Please enter mobile number registered in India only)

Reference 2

8

Email ID

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

To

Or  Until Cancelled

9

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1.

2.

3.

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)



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DATE:

REGISTRATION  CHANGE  CANCELLATION

ARN	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.
ARN-4464	E032737				

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 ULIP#

PAN

KYC Complied

DATE OF BIRTH OF 1<sup>st</sup> HOLDER / MINOR

1<sup>st</sup> 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 authorize 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](http://www.utimf.com/customerservice/Pages/default.aspx)) and also displayed/available at the UFC.

\*Mandatory

1<sup>st</sup> Holder / Guardian as per folio

2<sup>nd</sup> Unit Holder

3<sup>rd</sup> Unit Holder

\*Folio held in Single and anyone or survivor is only allowed to register- \*only renewal contribution can be made using smart form)

## UTI SMaRT FORM ACKNOWLEDGEMENT

UTI Mutual Fund, UTI Tower, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.



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Received From

Folio / Application No.

Date

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.

TIME STAMP

## \*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