

# UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



Haq, ek behtar zindagi ka.

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

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

with Bank  <sup>4</sup> IFSC  <sup>5</sup> or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  H.Yrly  Yrly  As & when presented

DEBIT TYPES  Fixed Amount  Maximum Amount

Reference 1

Mobile No.

(Please enter mobile number registered in India only)

Reference 2

Email ID

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

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.
103807	E133071				

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.



Haq, ek behtar zindagi ka.

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