SYSTEMATIC INVESTMENT PLAN (SIP)/MICRO SIP (MANDATE FORM FOR AUTO DEBIT)

UTI Mutual Fund

AGENT's Name and ARN	Sub Broker Code	MO Code
69898		

(Please read instructions)

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole / First Investor Name

Application No. / Existing Folio No. Mobile No.

Scheme/Plan

Each SIP/Micro SIP Amount (Rs.) Frequency: ☐ Mntly ☐ Qrtly Date : ☐ 1st ☐ 7th ☐ 15th ☐ 25th

SIP/Micro SIP Period : Start from M M Y Y Y Y End on ☐ 5 Years or ☐ 10 Years or ☐ 15 Years or M M Y Y Y Y

PAN* 1st applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO

DETAILS OF OTHER APPLICANTS

Name of 2nd applicant (Mr. / Ms. / Mrs.)

PAN* 2nd applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO

Name of 3rd applicant (Mr. / Ms. / Mrs.)

PAN* 3rd applicant Date of Birth D D M M Y Y Y Y Email ID

NATURE OF PHOTO ID ISSUED BY ID NO

* **Mandatory field for SIP.** # **Details of Documents Attached for Micro SIP.**

I / We hereby, authorise UTI Mutual Fund and their authorised service providers, to debit my/our following bank account by Direct Debit/ECS Debit for collection of SIP/Micro SIP Payments.

PARTICULARS OF BANK ACCOUNT

Bank Name

Branch Name

Account Number 9 Digit MICR Code

A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO IFS Code

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected. MICR code starting or ending with 000 are not valid for ECS.

Accountholder Name as in Bank Account

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons 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 mentioned within and have read and agreed to the 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 investments exceeding Rs. 50,000 in a year (applicable only for Micro SIP applicants).

I/We hereby authorise UTI MF to send my Statement of Account (SoA)/ Abridged Annual Report/All other communication related to my investment in SIP/Micro SIP only through e-mail instead of physical copy. (Those who wish to get physical SOA/AAA/All other Communication may delete the same).

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 have attached cancelled blank cheque or its Photocopy and PAN Card/Document copies of all applicants. ☐

Signature:

1st Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory

Banker's Attestation (For bank use only)	Signature of Authorised Official from Bank with Stamp and Date
Certified that the signature of the account holder and the details of Bank account are correct as per our records.	

TEAR AWAY

Authorisation of the Bank Account Holder (to be signed by the Investor)

(To be retained by the Bank)

To,

The Branch Manager

PIN

This is to inform that I/We hereby register for the RBI's Electronic Clearing Service (Debit Clearing)/ Direct Debit and that my/our payment towards my investment in UTI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I authorise you to honour such payments. I/ We also authorise the representative carrying this Direct/ECS Debit Mandate Form to get it verified & executed, if necessary.The verification charges, if any, may be debited to my/our account.

Bank Account Number

First Account Holder's Signature *(As in Bank Records)*	
Second Account Holder's Signature *(As in Bank Records)*	
Third Account Holder's Signature *(As in Bank Records)*	