

**UTI MUTUAL FUND/SPECIFIED UNDERTAKING OF UTI  
FORM FOR REQUESTING AFTER SALES SERVICE**

(Kindly tick appropriate box/es and fill in details)

Services requested :

- Change in mode of payment  to my Banker
- To my address by IDW  to my Bank through ECS (details as under)
- Reinvested

Minor attaining Majority \_\_\_\_\_ Major (i.e. former minor)'s Signature \_\_\_\_\_ Signature of Major Attested by Guardian/Bank Manager

Issue of Statement of Account

Change in name Old Name \_\_\_\_\_

Change in name due to marriage New Name \_\_\_\_\_

\_\_\_\_\_  
(Old Signature)

\_\_\_\_\_  
(New Signature)

Change in address \_\_\_\_\_

Phone \_\_\_\_\_

Pin Code : \_\_\_\_\_

Email : \_\_\_\_\_

Change in Bank details/Bank Address

Name of Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

(9 digit MICR code as on cheque)

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Change in status  Resident to Non resident  Non resident to Resident

Change in holding  Joint to Anyone or Survivor  Anyone or Survivor to Joint

Nomination Nominee name:

Date of birth (if minor)

Name and address of Guardian/Nominee

Repurchase Repurchase Value/Units (Rs)

Repurchase rate/date

Switchover Option From: \_\_\_\_\_ Scheme to \_\_\_\_\_ Scheme \_\_\_\_\_  
Value/Amount: Rs \_\_\_\_\_

Inclusion of alternate child: Name of Child   
Date of birth:   
(CGGF/RUP/CCCF)

Confirmation of non-revocation of Power of Attorney that it is still valid

Name of donee

Signature of donor   
Signature of donee

Inclusion of spouse name under SCUP

Name of spouse

DOB of spouse

\_\_\_\_\_  
Signature of Spouse

1st holders Signature

2nd holders Signature

Tel. Nos.

E-Mail Address

### ACKNOWLEDGEMENT

Received an application from \_\_\_\_\_ for \_\_\_\_\_

service  
Folio/Memb/Investor ID No. \_\_\_\_\_