

Unit Holding Option : Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS-(Please ensure that the sequence of name to 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 below. (Investor client ID should be printed in proof.)

Central Depository Securities Limited	Depository participant Name _____	National Securities Depository Limited	Depository participant Name _____
	Target ID _____		DP ID No. _____
<input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement		<input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)	



Haq, ek behtar zindagi ka.

UTI SMaRT SIP Form TM

For Post Dated Cheque (Only CTS - 2010 compliant cheques are allowed)

- Registration of SIP
- Renewal of SIP
- Micro SIP
- Salary Saving SIP
- Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

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 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
Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> 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) _____

DETAILS OF SIP (For "DIRECT PLAN" please tick here & write the Scheme Name, Plan/Option below)

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)	_____	Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)	_____
SIP / Micro SIP Date (Please tick) 01 07 15 25 Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Post Dtd. Chq. Amt. (₹)	_____
SIP / Micro SIP Period : Start from M M Y Y End On M M Y Y			
Cheque Nos. From _____ To _____		No. of Cheques <input type="checkbox"/>	
Account No. _____	Drawn on _____		
Branch _____	PIN Code _____		

Mandatory Enclosure (if 1st instalment is not by cheque)
I/We have attached PAN card/Document copies of all applicants.

Bank cancelled cheque

Copy of cheque

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder