

UTI-SIP UTI SMaRT Form™



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I/we would not hold	rise UTI Mutual Fund and their authorised d UTI Mutual Fund responsible. I/We will a	also inform	n UTI Mutu	al Fund.	about a	nv char	iaes in m	าง ban	k acco	unt. I/W	le have	e read	and und	dersto	od the o	conte	nts of th	ne SA	I. SID.	KIM.	Instru	ctions	and A	Addend	da issu	ued fro	m time	to time	of the resi	spective
(applicable only for	Mutual Fund, have read and agreed to the Micro SIP applicants.) The ARN holder had to me/us. I/We hereby authorize UTIMF.	as disclos	ed to me/u	s all the	commis	sions (ir	n the forr	m of tr	ail com	nmissior	or an	y other	mode),	paya	ible to h	nim fo	r the di	fferen	t comp	eting	Scher	ne of v	/ariou	s Muti	ıal Fur	ınd fron	n amon	gst whic	the Sch	neme i
products/scheme of	of the UTIMF. I/We hereby request you to racility in which I/We wish to subscribe as a	egister me	e/us for ava	iling this	facility	and the	carrying	out tr	ansacti	ions of I	Purcha	se/SIP	/Redem	ption/	/Switch	in my	our ab	ove n	nention	ed foli	io whe	erever								
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Proof enclosed (Any or	ie)		Client	Master List ((CML)		Tr	ansaction cum Hol	ding Stat	tement					Cancelle	d Delivery II	nstruct	ion Slip	(DIS)					
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DETAILS OF SIP (For	"DIRECT PLAN	" please tick l	here 🗌 & wri	te the Sche	me Nam	e, Plan/Op	tion below)																	
Scheme		UTI						PLAN	PLAN						OF	TION								
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SIP / Micro SIP Date	(Please tick)	01 07	15 25	Frequency	:	Monthly	Quar	terly Post	Dtd. Cho	q. Amt.	(₹)													
SIP / Micro SIP Peri	od : Start from	M M	Y Y		End On	M M	Y Y	7																
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1st Unit Holder / Guardian						2nd Unit Holder									3rd Unit Holder									

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