

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



AGENT's Name and ARN ARN - 83535 SHAN WEALTH	Sub Broker Code	MO Code
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(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 MMYYYY End on 5 Years or 10 Years or 15 Years or MMYYYY

PAN* 1st applicant Date of Birth DDMMYYYY Email ID _____

Know Your Customer* (KYC) Acknowledgement / Copy Enclosed

NATUREOFPHOTOID ISSUED BY ID NO

DETAILS OF OTHER APPLICANTS

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

PAN* 2nd applicant Date of Birth DDMMYYYY Email ID _____

Know Your Customer* (KYC) Acknowledgement / Copy Enclosed

NATUREOFPHOTOID ISSUED BY ID NO

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

PAN* 3rd applicant Date of Birth DDMMYYYY Email ID _____

Know Your Customer* (KYC) Acknowledgement / Copy Enclosed

NATUREOFPHOTOID ISSUED BY ID NO

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

"KYC is compulsory from 1st January 2011 for all categories of investors irrespective of investment amount"

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.

Account holder 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) _____

Certified that the signature of the account holder and the details of Bank account are correct as per our records.

Signature of Authorised Official from Bank with Stamp and Date _____

TEAR AWAY

To, **Authorisation of the Bank Account Holder (to be signed by the Investor)**
The Branch Manager (To be retained by the Bank)

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.

_____	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)

Bank Account Number _____