

A Name
G
E Code No.
N
T's ARN No. **3852**

SYSTEMATIC INVESTMENT PLAN (SIP)
ENROLMENT CUM AUTO DEBIT FORM
(Please read instructions attached)



UTI Mutual Fund UTI Tower, Gn Block, Bandra-Kurla Complex, Bandra (E), Mumbai - 400051.

Date : _____

INVESTOR AND SIP DETAILS

Sole / First Investor Name _____

Application / Investor ID No. _____ PAN _____

Scheme / Plan _____

Each SIP Amount (Rs.) _____ Frequency : Monthly Quarterly

SIP Date : 1st 7th 25th

SIP Period : Start from Mth _____ Year _____ End on Mth _____ Year _____

Payment Mechanism : By Cheque ECS Debit Direct Debit
(tick any one box) (Please fill details overleaf) (Please fill the details in the Tear away portion below)

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

PARTICULARS OF BANK ACCOUNT

Bank Name _____

Branch Name _____

Account Number _____ A/C Type Savings Current

9 Digit MICR Code _____
(for ECS Debit)

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, I / We would not hold the user institution responsible. I / We will also inform UTI Mutual Fund, about any changes in my bank account. I / We have read and agreed to the instructions mentioned attached.

1st Account Holder's Signature

2nd Account Holder's Signature

3rd Account Holder's Signature

TEAR AWAY

Systematic Investment Plan (SIP)
Mandate Form For ECS/Direct Debit

To,
The Branch Manager

Date _____

PIN _____

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

Sole / First Investor Name _____
(As in Bank Records)

Each SIP Amount (Rs.) _____ Frequency : Monthly Quarterly

SIP Date : 1st 7th 25th

SIP Period : Start from Mth _____ Year _____ End on Mth _____ Year _____

Account Number _____ A/C Type Savings Current

9 Digit MICR Code _____
(for ECS Debit)

1st Account Holder's Signature

2nd Account Holder's Signature

3rd Account Holder's Signature

For Office Use only

Inward No. / Investor ID _____

Scheme Code _____

SIP Through Cheques

Initial Investment Amount

Post Dated SIP Cheque Amount

No. of Cheques

Cheque Nos. From

To

Drawn on

Branch



ACKNOWLEDGEMENT SLIP

(To be filled in by the Unit holder/Investor)

UTI Mutual Fund, Corporate office, UTI Tower, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.

Received from Mr./Ms./Mrs. _____

'SIP' Application for

Scheme/Plan/Option _____

Folio No./Investor Id/Application No. _____

Date _____

Note : All purchases are subject to realisation of Cheques / Demand Drafts.

Payment Mechanism

(Please tick any one box)

Cheque

ECS Debit

Direct Debit

**Stamp of UTI AMC Offices along
with receiving Officials' Signature**