

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name			Branch		
Address			MICR Code		
	City	Pin*	(this is a 9-digit number next to your cheque number)		
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE			IFS Code		
Account No.			(this is a 11-digit number)		

**INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE ☐ & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')
PLEASE USE SEPARATE FORM FOR EACH SCHEME**

<input type="checkbox"/> UTI OVERNIGHT FUND <input type="radio"/> Growth <input type="radio"/> Daily IDCW (Reinvestment) <input type="radio"/> Periodic IDCW (Payout) <input type="radio"/> Periodic IDCW (Reinvestment) (Default-Growth Option)			
<input type="checkbox"/> UTI BANKING & PSU DEBT FUND <input type="checkbox"/> UTI CREDIT RISK FUND <input type="checkbox"/> UTI SHORT TERM INCOME FUND			
<input type="radio"/> Growth <input type="radio"/> Monthly IDCW (Payout) <input type="radio"/> Monthly IDCW (Reinvestment) <input type="radio"/> Quarterly IDCW (Payout) <input type="radio"/> Quarterly IDCW (Reinvestment) <input type="radio"/> Half Yearly IDCW (Payout) <input type="radio"/> Half Yearly IDCW (Reinvestment) <input type="radio"/> Annual IDCW (Payout) <input type="radio"/> Annual IDCW (Reinvestment) (Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. IDCW Sub Option) <input type="radio"/> Flexi IDCW (Payout) <input type="radio"/> Flexi IDCW (Reinvestment)			
<input type="checkbox"/> UTI CORPORATE BOND FUND <input type="checkbox"/> UTI BOND FUND <input type="checkbox"/> UTI DYNAMIC BOND FUND <input type="checkbox"/> UTI FLOATER FUND			
<input type="radio"/> Growth <input type="radio"/> Quarterly IDCW (Payout) <input type="radio"/> Quarterly IDCW (Reinvestment) <input type="radio"/> Half Yearly IDCW (Payout) <input type="radio"/> Half Yearly IDCW (Reinvestment) <input type="radio"/> Annual IDCW (Payout) <input type="radio"/> Annual IDCW (Reinvestment) <input type="radio"/> Flexi IDCW (Payout) <input type="radio"/> Flexi IDCW (Reinvestment) (Default-Growth Option)			
<input type="checkbox"/> UTI ULTRA SHORT TERM FUND <input type="checkbox"/> UTI LIQUID CASH PLAN <input type="checkbox"/> UTI MONEY MARKET FUND <input type="checkbox"/> UTI TREASURY ADVANTAGE FUND			
<input type="checkbox"/> UTI MEDIUM TERM FUND			
<input type="radio"/> Growth <input type="radio"/> Daily IDCW (Reinvestment) ^{&&&} <input type="radio"/> Weekly IDCW (Payout) ^{&&} <input type="radio"/> Weekly IDCW (Reinvestment) ^{&&&} <input type="radio"/> Fortnightly IDCW (Payout) ^{&&&} <input type="radio"/> Fortnightly IDCW (Reinvestment) ^{&&&} <input type="radio"/> Monthly IDCW (Payout) <input type="radio"/> Monthly IDCW (Reinvestment) <input type="radio"/> Quarterly IDCW (Payout) <input type="radio"/> Quarterly IDCW (Reinvestment) <input type="radio"/> Half Yearly IDCW (Payout) <input type="radio"/> Half Yearly IDCW (Reinvestment) <input type="radio"/> Annual IDCW (Payout) <input type="radio"/> Annual IDCW (Reinvestment) <input type="radio"/> Flexi IDCW (Payout) (Default-Growth Option under UTI USTF, UTI MMF & UTI MTF) (Default-Daily IDCW (Reinvestment) under UTI LCP & UTI TAF)			

Please Note:

IDCW - Income distribution cum capital withdrawal option

^{&&} Weekly IDCW (Payout) Option **NOT** available under UTI Liquid Cash Plan, UTI Ultra Short Term Fund & UTI Medium Term Fund^{&&&} Daily IDCW (Reinvestment), Weekly IDCW (Reinvestment), Fortnightly IDCW (Payout), Fortnightly IDCW (Reinvestment) options are not available under UTI Medium Term Fund

For Income Distribution Policy relating to various Options / Sub Options, please refer to SID.

<input type="checkbox"/> UTI Gold ETF Fund of Fund <input type="radio"/> Growth	(Default-Growth Option)
--	-------------------------

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction q)

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

(if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

National Securities Depository Limited	Depository Name																
	DP ID No.																
	Beneficiary																
	Account No.																
Central Depository Services (India) Limited	Depository Name																
	Target ID No.																

FRIEND IN NEED DETAILS - In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (refer instruction - k)

GENERAL INFORMATION - Please (✓) wherever applicable

OCBs are not allowed to invest in units of any of the schemes of UTI MF.

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary

FOR INDIVIDUALS ONLY

Net-worth in ₹ (Net worth should not be older than 1 year) as on (date) / /

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☒ Related to a Politically Exposed Person (PEP)
(For definition of PEP, please refer instruction 'x').

Net-worth in ₹ (Net worth should not be older than 1 year) as on (date) / /

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) Any other information:

FOR NON-INDIVIDUALS ONLY

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

D	D
---	---

 /

M	M
---	---

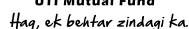
 /

Y	Y	Y	Y
---	---	---	---

(B) Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO	- Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Money Lending / Pawning	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

(C) Any other information:



Sr. No. 2022/

(scheme name)

_____ dated _____

Stamp of UTI AMC Office/
Authorised Collection Centre

\$ Cheques and drafts are subject to realisation.

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction 'z')

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)

☐ I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of Nominee	To be furnished in case nominee is a minor
	Name of the guardian
	Address of guardian
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (in case of nominee is a minor)	Signature of Nominee / guardian
*PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(for minor)
<small>*PAN of the nominee/guardian (in case the nominee is minor)</small>	

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

<div></div>	<div></div>	<div></div>
-------------	-------------	-------------

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/S

● I / We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I / We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. ● I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● 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 / We confirm that we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I / We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. (Applicable for NRIs) ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. ● I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)[∞]

Applicable to NRIs

☐ SoA in Physical Form ☐ At my Overseas address as mentioned above
☐ AAR in Physical Form ☐ To be despatched to my resident relative's address in India as mentioned above

[∞] On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (R) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (O) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	*E-mail <input type="text"/> Alternate E-mail <input type="text"/>		

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member	<input type="text"/>	Name of the family member	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
PAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Folio Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Folio Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

<div></div>	<div></div>	<div></div>
-------------	-------------	-------------

Signature of 1st Applicant / Guardian / POA^{^^}
Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^{^^}
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^{^^}
Name of 3rd Authorised Signatory

Designation Designation Designation

^{^^} Power of Attorney (POA) Registration No. (if already registered) (Refer instruction 'aa')

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
- All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

M/s Kfin Technologies Private Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com

UMRN

Utility Code

Sponsor Bank Code

I/We authorize

UTI MUTUAL FUND

To debit (tick✓)

SB/ CA/ CC /SB-NRE/SB-NRO/OTHER

Bank a/c number

with Bank

IFSC / MICR

an amount of Rupees

Debit Type

☒ Fixed Amount
 ☐ Maximum Amount

Frequency

☒ Monthly
 ☒ Quarterly
 ☒ Half Yearly
 ☒ Yearly
 ☐ As & when presented

Reference 1

Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

From

To

3

1

1

2

2

0

9

9

Or

☒ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

Phone No.

1.

Name as in Bank records

2.

Name as in Bank records

3.

Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

UTI SMaRT SIP Form™

☐ 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.
ARN-98471	E115901				

☐ 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)

SIP DETAILS

Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period		SIP Step Up	
				Regular (MM/YY)	Perpetual (MM/YY)	Amount In Multiple of ₹ 500/-	Frequency
		<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From To	From To		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
		<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From To	From To		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
		<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From To	From To		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Amount in the mandate to bank should be equal or more than this total amount.		Total	₹				

My Financial Goal for this SIP (choose anyone)

☐ Retirement Corpus
 ☐ Child Education
 ☐ Child Marriage
 ☐ Dream Car
 ☐ Dream House
 ☐ Marriage
 ☐ Holiday

(In case of saving for Child, mention name of Child)

Target Amount

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason 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, have read and agreed to the instructions cum 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 investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder

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 _____ Target ID _____	National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Target ID _____
Proof enclosed (Any one) <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 FormTM

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.
ARN-98471	E115901				

☐ 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 <input type="checkbox"/> & 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
SIP / Micro SIP Period : Start from	M M Y Y	End On M M Y Y
Cheque Nos. From		To
Account No.		Drawn on
Branch		PIN Code
Mandatory Enclosure (if 1 st instalment is not by cheque) I/We have attached PAN card/Document copies of all applicants.		<input type="checkbox"/> Bank cancelled cheque <input type="checkbox"/> Copy of cheque

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder