

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

☐ By mentioning RIA Code, I/We authorise you to share with the investment Adviser the details of my/our transactions.

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 distributor personal concerned or not with standing the advice of inappropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (☐ Please tick and sign below when EUIN box is left blank) (refer instruction 'W').

APPLICANT DETAILS	APPLICATION NO./ FOLIO NO.																			
Name Of Sole / 1st holder / Beneficiary Child																				
Name Of Guardian (In case of Minor)																				

2. SYSTEMATIC TRANSFER INVESTMENT PLAN DETAILS (Please refer point no. 13)

Frequency of STRIP	Daily	Weekly	Monthly	Quarterly
Minimum No. of STRIP	20	6	6	2
Minimum amount	₹ 100	₹ 1000	₹ 1000	₹ 3000
Dates of transfer	All business days	Any day of the month	Any day of the month	Any day of the month

Source Scheme	Destination Scheme	Frequency	STRIP Period	No. of STRIPs	Amount
UTI	UTI	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Start Date □□ □□ □□ End Date □□ □□ □□		
UTI	UTI	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Start Date □□ □□ □□ End Date □□ □□ □□		
UTI	UTI	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Start Date □□ □□ □□ End Date □□ □□ □□		

3. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document (SID) and Key Information Memorandum (KIM), adden da issued till date of the source scheme as well as destination scheme and the terms/conditions published on the UTI MF website. I/We hereby apply for enrolment under STRIP and agree to abide by the terms and conditions of STRIP. I/ We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant document and procedural requirements.

I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments.

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 to NRIs**

(Signature)

First /Sole Unitholder /Guardian

(Signature)

Second Unitholder

(Signature)

Third Unitholder

Acknowledgement of STRIP Enrolment Form (To be filled in by the Unit holder)



(for existing unitholder) Folio No. _____

Received from Mr./Miss/Mrs : _____ STRIP application.

Amount of transfer per installment ₹ _____ From Scheme / Plan _____
to Scheme/Plan _____

Transfer Frequency	STRIP Date
<input type="checkbox"/> Daily	
<input type="checkbox"/> Weekly	<input type="checkbox"/> DD <input type="checkbox"/> DD
<input type="checkbox"/> Monthly	<input type="checkbox"/> DD <input type="checkbox"/> DD
<input type="checkbox"/> Quarterly	

Transfer Period From

DD / MM / YYYY to DD / MM / YYYY

Fixed Amount per Transfer

_____ in figures

Date & Stamp of Receiving UFC