| SYSTEMATIC |
| TRANSFER |
| INVESTMENT |
| PLAN |

STRIP ENROLMENT FORM
(Please read terms and conditions/instructions overleaf)

uti®
UTI Mutual Fund

For office use only

Name of Financial Advisor and ARN	Sub ARN Code	Sub Code	EUI No.	MO Code	UTI RM No.	IH NO.	Reporting Branch Name
ARN - 121213			E 189089				

Upfront Commission shall be paid directly by the investor to the AMFI/NISM registered Distributor 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 personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (☐ Please tick only when EUIN box is left blank)

Signature of 1st Applicant / Guardian	Signature of 2nd Applicant	Signature of 3rd Applicant

Application / Folio No. of Source Scheme [   ]   Date: [   ]

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Name of First / Sole Applicant
[   ]

Name of the Second Applicant
[   ]

Name of the Third Applicant
[   ]

Name of the Guardian (in case First / Sole Applicant is a minor)
[   ]

APPLICANT	PAN (Mandatory)	KYC Complied	Mobile No.	E-mail ID
First/Sole Applicant		☐		
Second Applicant		☐		
Third Applicant		☐		
Guardian		☐		

2. SYSTEMATIC TRANSFER INVESTMENT PLAN DETAILS (Please note that it will take 7 days to Register STRIP)

Frequency of STRIP	Daily	Weekly	Monthly	Quarterly
Minimum No. of STRIP	20	24	6	2
Minimum amount	₹ 100	₹ 500	₹ 1000	₹ 3000
Dates of transfer	All business days	1st, 7th, 15th and 25th	1st, 7th, 15th and 25th	1st, 7th, 15th and 25th

FROM - UTI	[ ]	**Plan**	[ ]	**Option**	[ ]
TO - UTI	[ ]	**Plan**	Regular Plan	**Option**	[ ]

Fixed Amount per transfer [   ]   Frequency (Please ✔ Tick) ☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ QUARTERLY

Dates (please ✔ tick)   ☐ 1st   ☐ 7th   ☐ 15th   ☐ 25th   Number of transfers [   ]

Transfer period from [   ]   To [   ]

3. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document (SID) and Key Information Memorandum (KIM), addenda issued till date of the source scheme as well as destination scheme and the terms/conditions overleaf. 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 documents 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)	(Signature)	(Signature)
First /Sole Unitholder /Guardian	Second Unitholder	Third Unitholder

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

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UTI Mutual Fund

(for existing unitholder) Folio No.

STRIP application.

Received from Mr./Miss/Mrs :

Amount of transfer per installment ₹ [   ]   From Scheme / Plan

to Scheme/Plan

Transfer Frequency	STRIP Date
☐ Daily	
☐ Weekly	☐ 1st ☐ 7th
☐ Monthly	☐ 15th ☐ 25th
☐ Quarterly	

Transfer Period From
[DD / MM / YYYY] to [DD / MM / YYYY]

Fixed Amount per Transfer
[in figures]

Date & Stamp of Receiving UFC

Dt. 02-06-2015