

A G E N T's	Name
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# **SYSTEMATIC INVESTMENT PLAN (SIP)** **ENROLMENT CUM AUTO DEBIT FORM** *(Please read instructions)*



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

Date : \_\_\_\_\_

## **INVESTOR AND SIP DETAILS**

Sole / First Investor Name	<input type="text"/>																				
Application / Investor ID No.	<input type="text"/>										PAN	<input type="text"/>									
Scheme / Plan	<input type="text"/>																				
Each SIP Amount (Rs.)	<input type="text"/>					Frequency :	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly													
SIP Date :	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 25th																		
SIP Period :	Start from	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	End on	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Payment Mechanism : (tick any one box)	By Cheque <input type="checkbox"/> (Please fill details overleaf)					ECS Debit <input type="checkbox"/> (Please fill the details in the Tear away portion below)					Direct Debit <input type="checkbox"/>										

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	<input type="text"/>																			
Branch Name	<input type="text"/>																			
Account Number	<input type="text"/>										A/C Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current							
9 Digit MICR Code (for ECS Debit)	<input type="text"/>																			

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 for SIP.

\_\_\_\_\_  
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)	<input type="text"/>																			
Each SIP Amount (Rs.)	<input type="text"/>					Frequency :	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly												
SIP Date :	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 25th																	
SIP Period :	Start from	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	End on	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Account Number	<input type="text"/>										A/C Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current							
9 Digit MICR Code (for ECS Debit)	<input type="text"/>																			

\_\_\_\_\_  
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