

SYSTEMATIC**TRANSFER****INVESTMENT****PLAN**

STRIP ENROLMENT FORM

(Please read terms and conditions/instructions overleaf)

(OCBs & US Persons Including Qualified Foreign Investors Registered in USA and Canada and Residents of Canada are not allowed to Invest in Units of any of the schemes of UTI MF)



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

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 EUI 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 EUI box is left blank)

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

Application / Folio No. of Source Scheme

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Date:

D	D	M	M	Y	Y	Y	Y
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1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Name of First / Sole Applicant

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Name of the Second Applicant

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Name of the Third Applicant

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

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APPLICANT	PAN (Mandatory)	KYC Complied	Mobile No.	E-mail ID
First/Sole Applicant		<input type="checkbox"/>		
Second Applicant		<input type="checkbox"/>		
Third Applicant		<input type="checkbox"/>		
Guardian		<input type="checkbox"/>		

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	6	6	2
Minimum amount	₹ 100	₹ 1000	₹ 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	SCHEME NAME	Plan	Option
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TO - UTI	SCHEME NAME	Plan	Option
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Fixed Amount per transfer

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Frequency (Please ✓ Tick) DAILY WEEKLY MONTHLY QUARTERLY

Dates (please ✓ tick)

<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 15th	<input type="checkbox"/> 25th
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Number of transfers

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Transfer period from

D	D	M	M	Y	Y	Y	Y
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To

D	D	M	M	Y	Y	Y	Y
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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)
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"/> 1st	<input type="checkbox"/> 7th
<input type="checkbox"/> Weekly	<input type="checkbox"/> 15th	<input type="checkbox"/> 25th
<input type="checkbox"/> Monthly		
<input type="checkbox"/> Quarterly		

Transfer Period From

DD / MM / YYYY	to	DD / MM / YYYY
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Fixed Amount per Transfer

_____	in figures
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Date & Stamp of Receiving UFC