Systematic Transfer Investment Plan (STRIP)					
		Enrolment Form	For office use only	UTI Mutual Fund	
AGENT's Name and ARN	Sub Broker Code MO Co	ode II		Branch Name	
ARN-13308					
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.					
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.					
Name of the First / Sole Appl	licant				
PAN	Enclo	sed PAN Card Copy E	mail ID		
			Nobile No.		
Name of the Second Applicat	nt				
PAN	Enclo		mail ID		
Name of the Third Applicant					
PAN	Enclo		mail ID		
Name of the Guardian (in cas	se of First / Sole Applicant is a	i minor)			
PAN PAN Enclosed PAN Card Copy Email ID					
* PAN (mandatory as per SEBI guidelines) Folio No. of Source Scheme (for existing unitholder)					
Source Scheme Application Number					
(If folio no. is not available for Name of Source Scheme/Pla	,	Growth Option	n (Please ✓)		
Name of Source Scheme/Fla		Growth Option		th Option	
Name of Destination Scheme/Plan Dividend Option (wherever applicable)					
(Please ✓ your choice) Reinvest Periodicity Date (Please allow 15 days to Register STRIP) Number of STRIP STRIP Amount (Per Transfer)					
	e allow 15 days to Register STP		, D	Per Transfer)	
Daily			Minimum 20 No. Rs Minimum Rs. 100 - Daily		
Monthly 1st	7th		Minimum 12 No. Monthly Rs		
Quarterly 15t			Minimum 4 No. Minimum Hs. 1,000 - Monthly		
			Quarterly Minimum Rs. 3,000	- Quarterly	
If you wish to receive the following via e-mail Please (✓) Account Statement Annual Report Transaction Confirmation Communication of change of address, bank details etc.					
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)	(Signat	,	
First/Sole Unit holder / G		Second Unit holder	Third Unit	⊡noider ≫	
Acknowledgement of STRIP Application 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 Rs From Scheme / Plan					
to Scheme/Plan					
Periodicity of Transfer	STRIP Dale				
Monthly	1st 7th	Date	Date & Stamp of Rece		
Quarterly	15th 25th	Suit			
			1		