## 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

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Name of Financial Adviso	or and ARN	Sub ARN Coo	ode Sub Code EUI N			. N	MO Code UT			JTI RM No.			). I	Reporting Branch Nan				
Jpfront Commission shall be paid	directly by the in	vestor to the AMFI/	NISM regis	stered Distribu	itor based or	the inve	stors' ass	essmen	t of vari	ous fact	ors inc	luding	the se	rvice	rende	red by	/ the d	listribute
We confirm that the EUIN box is i	ntentionally left	blank by me/us as t	his is an "e	execution-only	" transactior	without	any inter	action o	or advice	e by the	distrib	utor p	ersonn	nel cor	ncerne	ed or n	otwit	thstandi
he advice of in-appropriateness, i	if any, provided i	by such distributor	personnel	and the distri	butor has no	t charge	d any adv	lisory te	es for t	nis tran	saction	1. (	Please	e tick o	nıy wn	en EUIr	N DOX IS	s left blan
Signature of 1st Ap	pplicant / Guard	ian		Signatu	re of 2nd A	pplicant					s	Signatı	ure of	3rd A	pplic	ant		
Application / Folio No. of So	ource Scheme									D	Date:	D	D	M	м	Y	Y	Y Y
1. FIRST / SOLE APPLIC		ΜΑΤΙΟΝ (ΜΑΝ		RY)										1			1	
Name of First / Sole Applicar																		
Name of the Second Applica	ant																	
Name of the Third Applicant	t																	
Name of the Guardian (in ca	ase First / Sole	Applicant is a n	ninor)															
APPLICANT	PAN (Mandatory)			KYC Complied				Mobile No.				E mail ID						
First/Sole Applicant				KTC Compiled								E-mail ID						
Second Applicant																		
Third Applicant																		
Guardian																		
2. SYSTEMATIC TRANS	FER INVESTI	MENT PLAN D	ETAILS	(Please not	e that it w	ill take	7 days t	to Reg	ister S	TRIP)								
Frequency of STRIP	Daily			Weekly				Monthly					Quarterly					
Minimum No. of STRIP	20			6				6				2						
Minimum amount	₹ 100			₹ 1000				₹ 1000 1st, 7th,15th and 25th					₹ 3000					
Dates of transfer	All bus	siness days							1, I 5th	th and 25th 1st, 7th, 15th and 25th								
FROM - UTI					Plan						Opti	ion						
TO - UTI				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	D D M M Y Y Y Y To D D M M Y Y Y Y									(								
3. DECLARATION AND	SIGNATURE	s																
We have read and understood destination scheme and the terms investment has been duly authori I / We have not received nor been <b>The ARN holder has disclosed</b> <b>Mutual Funds from amongst w</b> * I / We confirm that we are Non I / We undertake to provide further	s/conditions over ised by appropria induced by any to me/us all the vhich the Scher in-Residents of Inc	leaf. IWe hereby a te authorities in te rebate or gifts, dir e commissions (ir ne is being recon dian Nationality / C	apply for e erms of all rectly or inc <b>n the forn</b> nmended Drigin and	enrolment und relevant docu directly in mal <b>m of trail con</b> to me/us. that the fund	ler STRIP and ments and p king investm nmission or s are remitte	l agree to procedura ents. <b>any otl</b> ed from a	o abide bi al require ner mode abroad th	y the te ments. <b>e), pay</b> rough a	erms and able to	d condit	tions of	f strif differ	ent co	e und	ting : / our	e to co <b>Schen</b> NRE /	onfirm <b>nes o</b> ( NRO	n that th of variou
(Signature) First (Sola Unitholder (Guardian				(Signature)									(Signature)					
First /Sole Unitholder /Guardian				Second Unitholder						Third Unitholder								
	Acknowle	edgement o	f STRIP	P Enrolm	ent Forn	ı (To l	oe fille	ed in	bv tł	ne Ur	nit h	olde	er)				-	
		ugenient o					ng unith						,		CTI		u u li u	
Received from Mr./Miss/	INTERNA STATES						Dlan								211	NF d	ppiic	ation.
Amount of transfer per		₹			From Sche	eme /	rian											
to Scheme/Plan	r installment				From Sche	eme /	ridii											
	r installment	₹ P Date	Tran	nsfer Period		eme /	ridii											
to Scheme/Plan	r installment				d From		/ MM /	YYYY					amp	. ( 5			150	