

Transaction Slip



Folio No.:

Sr. No. 2013/

Name:

Financial Advisor	Sub ARN Code	Sub Code	EUI No.*	RM Code
ARN-71279			E062011	

**I/We hereby confirm that the EUI box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction"

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.

***PAN OF 1st APPLICANT / BENEFICIARY CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**

Enclosed copy of PAN Card KYC Complied Yes No

Scheme Name :

Plan

Option Growth Dividend Payout Dividend Re-Investment

Nature of Transactions : (Please tick & fill up relevant details)

Purchase / Additional Purchase :

I/we would like to purchase units of the above mentioned scheme for Amount Rs ₹ (In fig)

(in words)

Cheque / DD Number Dated

Drawn on Branch

Bank A/c type (Please tick) Savings Current NRO NRE

Switch :

I/We would like to switch All units or of Partial units units or

Rs ₹ (amount in rupees) (in words)

from above mentioned Scheme to Plan

Option Growth Dividend Payout Dividend Re-Investment

Redemption :

I/We would like to redeem All units or of Partial units units or

Rs ₹ (amount in rupees) (in words)

from above mentioned Scheme / Fund. I/we furnish MICR & IFS code to facilitate electronic payment.

MICR No. IFSC

DECLARATION

"I/We have read and understood the contents of the Offer document" and addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I/We undertake to confirm that the applicant/unit holder is empowered to invest/disinvest and the signatories have necessary authorization to invest / disinvest on behalf of applicant/unit holder. I/We undertake to confirm that this investment has been duly authorized 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 investment, details of source of funds and any such other relevant document, if called by UTI Mutual Fund.

* Applicable to NRIs

The ARN holder has disclosed to me/us all the commission (in the form of trial commission or any other made), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Email ID:

Mobile No.:

SIGNATURE(S)

First Account Holder

Second Account Holder

Third Account Holder

UTI Mutual Fund - Acknowledgement for submission of Purchase / Redemption / Switch request (to be filled by the unitholder)



Received, subject to verification, Request for Purchase Redemption Switch

from Mr/ Mrs/ Ms :

Folio No :

Receiving UFC/ Registrar's official stamp with date and signature

Guidelines

1. Please fill in the Form in CAPITAL LETTERS.
2. Please carry the original documents of the copies you wish to submit towards the proof. The original will be returned to you after verification, across the counter
3. Purchase, if any, are subject to realization of cheque(s) / Draft(s).
4. W.e.f., 15.11.2010, third party cheques are not acceptable for Mutual Fund investments.
5. W.e.f., 1.01.2012, SEBI has introduced uniform KYC among all its intermediaries including mutual funds. Accordingly, all investors, other than existing CVL KYC compliant investors prior to 31-12-2011, are required to follow the new KYC compliance procedure while making any investment. The KYC forms are available on www.utimf.com.
6. Please use the service request forms as specified by UTI MF for the services like change of address (for non-KYC complied folios) / bank mandate etc. For the KYC complied Folios, request for change of address is to be updated with KYC Registration Agency (KRA) The completed and duly signed forms alongwith the necessary supporting documents can be submitted at any of the UTI Financial Centre.
7. All cheques and bank drafts must be drawn in the name of the scheme or its abbreviation as specified in the SID/ and crossed "A/c Payee Only" cheque /DD. A separate cheque or draft must accompany each Application. In order to avoid frauds and as a best practice, investors are advised to make the payment instrument (cheque, DD, pay order etc) favouring "UTI Mutual Fund Scheme A/c First Investor name" or UTI Mutual Fund Scheme A/c Permanent Account Number" or UTI Mutual Fund Scheme A/c Folio Number".
8. Please submit the unit certificate, wherever issued, along with the request for redemption or transfer.
9. If the redemption request exceeds the balance in the account or if the balance falls below the minimum balance required, the account may be closed and the entire such (lesser) balance may be paid by cheque / credit to your bank account.
10. The additional purchase / redemption / switch request must be signed by all joint holders in case the units are held jointly.
11. For details and risk factors applicable to the scheme / Plans, please refer to the SID/SAI. In case of any assistance, please contact our nearest UTI Financial Centre / (UFC) / Business Development Associate.

Check list

- The form is complete in all respects.
- The form is signed by the holders as per the holding basis.
- Copy of PAN is attached.
- Units or Amount to redeem is clearly written
- Units or Amount to switch is clearly written



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SMS: 'SERVICE' to 5 67 67 56

Web: www.utimf.com

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For Existing Investors

Type ESOA to 5 60 70 90 to request for Statement of Account.

Type BAL <Folio no> to 5 60 70 90 to know your Folio Balance.

