

AGENT's Name and ARN

ARN-97821

# SYSTEMATIC INVESTMENT PLAN (SIP)

## MANDATE FORM FOR AUTO DEBIT



(Please read instructions)

UTI Mutual Fund, Mumbai 51.

I / We hereby apply for making payment to SIP through Auto Debit [RBI's ECS (Debit Clearing)/Direct Debit] for the following Plan.

**INVESTOR AND SIP DETAILS**

Sole / First Investor

Name \_\_\_\_\_

Application No. / Existing \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Folio No. \_\_\_\_\_

Plan \_\_\_\_\_

Each SIP Amount (Rs.) \_\_\_\_\_ Frequency :  Monthly  QuarterlySIP Date :  1st  7th  15th  25th

SIP Period : Start from Mth \_\_\_\_\_ Year \_\_\_\_\_ End on Mth \_\_\_\_\_ Year \_\_\_\_\_

PAN OF APPLICANT /BENEFICIARY CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form). [ Refer Instruction (j) on page 10]

 Enclosed  PAN Card Copy E-mail ID: \_\_\_\_\_

PAN OF ALTERNATE CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form). [ Refer Instruction (j) on page 10]

 Enclosed  PAN Card Copy E-mail ID: \_\_\_\_\_

I / We hereby, authorise UTI Mutual Fund and their authorised service providers, to debit my/our following bank account by Direct Debit/ECS Debit for collection of SIP Payments.

**PARTICULARS OF BANK ACCOUNT**

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_

Account Number \_\_\_\_\_

A/C Type  Savings  Current  NRE  NRO

9 Digit MICR Code \_\_\_\_\_ IFS Code \_\_\_\_\_

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected. MICR code starting or ending with 000 are not valid for ECS. (Optional)

Accountholder Name as in Bank Account \_\_\_\_\_

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 terms and conditions mentioned overleaf.

I have attached cancelled blank cheque or its Photocopy. \_\_\_\_\_  
Investor's Signature\_\_\_\_\_  
Date

First Account Holder's Signature (As in Bank Records)	_____
Second Account Holder's Signature (As in Bank Records)	_____
Third Account Holder's Signature (As in Bank Records)	_____

**Banker's Attestation (For bank use only)**

Certified that the signature of the account holder and the details of Bank account are correct as per our records.

Signature of Authorised Official from Bank with Stamp and Date

\_\_\_\_\_

TEAR AWAY

**Authorisation of the Bank Account Holder (to be signed by the Investor)**

ARN-97821

To, \_\_\_\_\_  
(To be retained by the Bank)

The Branch Manager

\_\_\_\_\_

\_\_\_\_\_

PIN \_\_\_\_\_

This is to inform that I/We hereby register for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit and that my/our payment towards my investment in UTI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I authorise you to honour such payments. I/We also authorise the representative carrying this Direct/ECS Debit Mandate Form to get it verified & executed, if necessary. The verification charges, if any, may be debited to my/our account.

\_\_\_\_\_  
Bank Account Number

First Account Holder's Signature (As in Bank Records)	_____
Second Account Holder's Signature (As in Bank Records)	_____
Third Account Holder's Signature (As in Bank Records)	_____