Systematic Transfer Investment Plan (STRIP)

Enrolment Form

Let's plan to get rich UTI Mutual Fund

UTI Tower, Gn Block,
Bandra-Kurla Complex,
Bandra(E),
Mumbai - 400051.

Agent's	
	Name _____
	Code No. _____
	ARN No. _____

Date _____

I/We have read and understood the contents of the offer documents 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.

Name of the First / Sole Applicant

PAN* Enclosed ☐ PAN Card Copy Email ID _____

Name of the Second Applicant

PAN* Enclosed ☐ PAN Card Copy Email ID _____

Name of the Third Applicant

PAN* Enclosed ☐ PAN Card Copy Email ID _____

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

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 new investor)

(Please ✔)

Name of Source Scheme/Plan _____ Dividend Option Payout ☐ Reinvest ☐ Growth Option (wherever applicable) ☐

Name of Destination Scheme/Plan _____ Dividend Option Payout ☐ Reinvest ☐ Growth Option (wherever applicable) ☐

(Please ✔ your choice)

Periodicity of Transfer	STRIP Date	No. of STRIPs	STRIP Amount (Per Transfer)
☐ Monthly	☐ 1st ☐ 7th ☐ 15th	☐ Monthly	Rs. _____ Monthly
☐ Quarterly	☐ 25th	☐ Quarterly	Rs. _____ Quarterly

(Signature)
First/Sole Unit holder / Guardian

(Signature)
Second Unit holder

(Signature)
Third Unit holder

Acknowledgement of STRIP Application Form (To be filled in by the Unit holder)

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(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 Date
☐ Monthly	☐ 1st ☐ 7th ☐ 15th
☐ Quarterly	☐ 25th

Date _____

Date & Stamp of Receiving UFC