

Systematic Transfer Investment Plan (STRIP)



Enrolment Form

For office use only

AGENT's Name and ARN	Sub Broker Code	MO Code	IH No.	Reporting Branch Name
ARN-105519				

Upront 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.

Date _____

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 Applicant

PAN Enclosed PAN Card Copy Email ID _____

Mobile No.

Name of the Second Applicant

PAN Enclosed PAN Card Copy Email ID _____

Mobile No.

Name of the Third Applicant

PAN Enclosed PAN Card Copy Email ID _____

Mobile No.

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)

Name of Source Scheme/Plan

Growth Option (Please ✓)

Name of Destination Scheme/Plan

Dividend Option Payout Growth Option (wherever applicable)

(Please ✓ your choice)

Reinvest

Periodicity	Date (Please allow 15 days to Register STRIP)	Number of STRIP	STRIP Amount (Per Transfer)
<input type="checkbox"/> Daily		<input type="text"/> Minimum 20 No.	Rs. _____ Minimum Rs. 100 - Daily
<input type="checkbox"/> Monthly	<input type="checkbox"/> 1st <input type="checkbox"/> 7th	<input type="text"/> Minimum 12 No. - Monthly	Rs. _____
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 15th <input type="checkbox"/> 25th	<input type="text"/> Minimum 4 No. - Quarterly	Minimum Rs. 1,000 - Monthly 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)

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)



(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
<input type="checkbox"/> Daily	
<input type="checkbox"/> Monthly	<input type="checkbox"/> 1st <input type="checkbox"/> 7th
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 15th <input type="checkbox"/> 25th

Date _____

Date & Stamp of Receiving UFC