

Transaction Slip

Folio No.:

Sr. No. 2013/

Name:

Financial Advisor	Sub ARN Code	Sub Code	EUI No.*	RM Code
SGSSL - 54854			E026651	

☐ **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 ☐ NoScheme 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 orRs ₹ (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 orRs ₹ (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 ☐ Switchfrom Mr/ Mrs/ Ms : Folio No : Receiving UFC/ Registrar's official stamp
with date and signature