

**UTI - UNIT LINKED INSURANCE PLAN (UTI-ULIP)**



(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr. No. 2008/

Registrar Sr. No.

**DISTRIBUTOR INFORMATION (only empanelled Distributors / Brokers will be permitted to distribute Units)**

ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code
UTI RM No.			

**RECEIVING ENTITY INFORMATION**

CR / CA Code	Bank Branch	Bank Sr. No.

Have you invested in UTI MF earlier,  Yes  No

If yes, please provide: Scheme Name: \_\_\_\_\_ Folio/Investor ID \_\_\_\_\_ (Optional)

(Please  whichever is applicable)

Occupation of Applicant / Parent or Guardian	CATEGORY	STATUS
<input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Service <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others	<input type="checkbox"/> In my / our individual capacity (Please Fill in the nomination form) <input type="checkbox"/> On behalf of minor as Father / Mother / Lawful guardian @ UTI AMC may, if it so considers necessary, call for further details of source of funds from NRI applicants and which would then be needed to be provided.	<input type="checkbox"/> Resident <input type="checkbox"/> NRI @

MODE OF PAYMENT Residents  Cash  Cheque  DD Non-Residents  NRE Cheque  NRO Cheque  Rupee DD

**PAYMENT DETAILS**

Bank Draft / NRE / NRO / Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

Amount paid Rs. (in figures) \_\_\_\_\_ (in words) \_\_\_\_\_

(FILL IN ALL THE PARTICULARS IN BOXES IN BLOCK LETTERS. USE ONE BOX FOR A LETTER LEAVING A BOX BLANK AFTER EACH WORD. DO NOT SPLIT THE WORD. USE NEXT LINE, IF REQUIRED)

**NAME OF APPLICANT / MINOR**

Date of Birth of minor / applicant (Mandatory) | d | d | m | m | y | y | y | y |

Full Name of Father / Husband of the Applicant / Parent or Guardian (in case of minor above 12 years of age)

PAN \_\_\_\_\_ Enclosed  PAN Card Copy

Only Address (DO NOT REPEAT NAME) in full of Applicant / Parent OR Guardian of Minor / Indian address of the NRI Applicant (P.O. box address is not sufficient) (\* Furnishing Pin Code is mandatory)

City \_\_\_\_\_ State \_\_\_\_\_ Pin\* \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ e-mail \_\_\_\_\_

**BANK PARTICULARS (It is mandatory to furnish bank particulars, failing which application will be liable for rejection)**

Bank Name	Branch		
Address	MICR Code _____		
	City	Pin	Furnishing of PIN Code is mandatory
Account type (please <input checked="" type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> DD issued from Abroad			IFS Code _____
Account No. _____			

**NOMINATION FORM (Persons applying on behalf of Minor cannot nominate)**

Name \_\_\_\_\_ Date of Birth (if minor) | d | d | m | m | y | y | y | y |

The nominee is minor whose guardian is \_\_\_\_\_ Nominee is  Resident / Resident Minor  NRI / NRI Minor

Investors who wish to nominate two or three persons may fill in the separate Form prescribed for the same and attach herewith.

(Application Form continued on the reverse)

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  
**UTI - UNIT LINKED INSURANCE PLAN (UTI-ULIP)**  
 (Eligible for deduction under Section 80C of the Income-Tax Act, 1961)



Sr. No. 2008/

Received from : \_\_\_\_\_

an application alongwith cash / (NRE / NRO) cheque\* / draft\* No. \_\_\_\_\_

Shri/Smt./Kumari/Ms. \_\_\_\_\_

dated \_\_\_\_\_ drawn on \_\_\_\_\_

Address \_\_\_\_\_

for Rs. \_\_\_\_\_ Rs. (in words) \_\_\_\_\_

Date \_\_\_\_\_

Agent's Name \_\_\_\_\_ ARN \_\_\_\_\_

\* Cheques and drafts are subject to realisation

(Stamp of UTI AMC Office / Authorised Collection Centre)



**SYSTEMATIC INVESTMENT PLAN (SIP) - UTI ULIP**  
(to be submitted alongwith ULIP application form)  
**MANDATED FORM FOR SIP THROUGH POST DATED CHEQUES**  
(PLEASE READ INSTRUCTIONS)



I / We hereby apply for making payment to ULIP SIP through Post dated Cheques.

AGENT's Name and ARN

**INVESTOR AND SIP DETAILS**

**Sole Investor's Name**

\_\_\_\_\_

PAN \_\_\_\_\_ Enclosed  PAN Card Copy

Initial Investment Amount \_\_\_\_\_

Each SIP Amount (Rs.)\* \_\_\_\_\_ Frequency :  Monthly

\* In case of SIP instalment of Rs. 50,000/- and above, investors are required to submit copy of the KYC acknowledgement provided by the service provider.

SIP Date :  1st  7th  15th  25th

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

Account No. \_\_\_\_\_ No. of Cheques \_\_\_\_\_

Cheques Nos. From \_\_\_\_\_ To \_\_\_\_\_

Drawn on \_\_\_\_\_ Branch \_\_\_\_\_

Pin Code \_\_\_\_\_

Signature : \_\_\_\_\_

First Investor

Date : \_\_\_\_\_

