

**UTI MUTUAL FUND/SPECIFIED UNDERTAKING OF UTI
 FORM FOR REQUESTING AFTER SALES SERVICE**

(Kindly tick appropriate box/es and fill in details)

Services requested :

Change in mode of payment

to my Banker

To my address by IDW

to my Bank through ECS (details as under)

Reinvested

Minor attaining Majority

Major (i.e. former minor)'s
 Signature

Signature of Major Attested by
 Guardian/Bank Manager

Issue of Statement of Account

Change in name

Old Name

Change in name due to marriage

New Name

(Old Signature)

(New Signature)

Change in address

Phone

Pin Code :

Email :

Change in Bank details/Bank Address

Name of Bank

Address of Bank

(9 digit MICR code as on cheque)

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Change in status

Resident to Non resident

Non resident to Resident

Change in holding

Joint to Anyone or Survivor

Anyone or Survivor to Joint

Nomination Nominee name:

Date of birth (if minor)

Name and address
of Guardian/Nominee

Repurchase Repurchase Value/Units (Rs)

Repurchase rate/date

Switchover Option From: _____ Scheme to _____ Scheme _____
Value/Amount: Rs _____

Inclusion of alternate child: Name of Child
Date of birth:
(CGGF/RUP/CCCF)

Confirmation of non-revocation of Power of Attorney that it is still valid

Name of donee

Signature of donor
Signature of donee

Inclusion of spouse name under SCUP

Name of spouse

DOB of spouse

Signature of Spouse

1st holders Signature

2nd holders
Signature

Tel. Nos.

E-Mail
Address

ACKNOWLEDGEMENT

Received an application from _____ for _____

service
Folio/Memb/Investor ID No. _____