

* Folio No. : **513258162271**

Application No : 0096815

UMRN : SBIN000000028243534

* Please quote this folio number for future correspondence / transactions.

ARCHANA PASSI		Unique Client Code : MFUTIB0001	
437, SURYA NAGAR, GOPALPURA BYE PASS NEAR RIDDHI SIDDHI CHAURAYA JAIPUR RAJASTHAN INDIA, PIN : 302015		Date Of Birth : Registered	Category : RESIDENT INDIAN
		Mode of Holding : SINGLE	Status : INDIVIDUAL
		Bank Account No : SAVINGS/XXXXXXXX147	Pay Mode : Electronic
		Bank Name : STATE BANK OF INDIA	
		MICR No : 302002112	IFS Code : SBIN0031383
Mobile No : 9414030720 (Res)Phone No : 01412500720 Email ID : archana_passi@yahoo.co.in		Financial Advisor : Sudhanshu Shah (ARN-8398)	
Nominee : Rajesh Kumar		Sub ARN Code : Sub Code : EUIN :	
SIP Registration Details			
		From : 15/08/2011 To : 15/12/2099	

Holder	PAN	KYC Status/KIN	FATCA	ULIP Registration Details:			
Primary Holder	XXXXXXXX05G	Complied	Yes	Mode of Payment	Monthly	Target Amount (₹)	240000.00
2nd Holder				Joining Date	01/07/2011	Contribution Amount (₹)	2000.00
3rd Holder				*Maturity Date	01/07/2021	No. of Installments Paid	120
Guardian				Due Date		No. of Installments Due	0

UTI Unit Linked Insurance Plan - Regular Plan 10 Years Plan - FIXED TERM INSURANCE COVER

Tr.Date	Transaction Type	Amount (₹)	Annual Premium (₹)	Amount net of Premium (₹)	NAV(₹)	Load (₹)	Price (₹)	Number of Units	Balance Units
	Opening Balance								
17/05/2021	Net Sys. Investment (119/120)	1,999.90		1,999.90	29.5202		29.5202	67.747	11,841.333
15/06/2021	Gross Sys. Investment	2,000.00		2,000.00					
	Stamp Duty @ 0.005 %	0.10		0.10					
15/06/2021	Net Sys. Investment (120/120)	1,999.90		1,999.90	30.5241		30.5241	65.519	11,906.852

NAV ₹ 30.4726 (as on 28 Jun 2021) Current value ₹ **3,62,832.74**

Investment under this scheme is eligible for deduction u/s 80C of Income Tax Act, 1961 as per applicable provision as provided therein.
Local UFC Address : UTI Mutual Fund, 1st Floor, Above HSBC Bank, Sardar Patel Marg, C-Scheme, Jaipur - 302001 Rajasthan. Tel: 0141 - 4004941 / 43 / 44.

Folio No. : 513258162271	Sub ARN Code :	PAN	KYC Status
Name : ARCHANA PASSI	Sub Code :	Primary Holder XXXXXXXX05G	Complied
Mode of Holding : SINGLE	EUIN :	2nd Holder	
Bank Details : SAVINGS/XXXXXXXX147 / STATE BANK OF INDIA / GANDHI NAGAR / CLUB BUILDING / JAIPUR / 302015 / ECS - 302002112 / IFS Code : SBIN0031383	RM code :	3rd Holder	
Financial Advisor : Sudhanshu Shah (ARN-8398)		Guardian	

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

UTI Unit Linked Insurance Plan - Regular Plan 10 Years Plan - FIXED TERM INSURANCE COVER **Balance Units : 11,906.852**

Nature of Transactions : (Please tick & fill up relevant details)

Target Amount can be increased upto Rs.15 lakhs by applying afresh subject to fulfillment of eligibility criteria as per the Scheme Information Document.


Switch : I/we would like to switch All units or Partial units units or ₹ (amount in figures) _____ (in words) _____ from above mentioned Scheme to _____ Plan _____ Option Growth IDCW Payout IDCW Reinvestment

Redemption : I/we would like to redeem All units or Partial units units or ₹ (amount in figures) _____ (in words) _____ from above mentioned Scheme . I/we furnish MICR & IFS code to facilitate electronic payments.

MICR NO _____ **IFS** _____

I/We have 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. * 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 funds from my/ our NRE/ NRO account. I/ We undertake to provide further 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 commissions (in the form of trial 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.
 *EUIN: I/We hereby confirm that the EUIN 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 in-appropriateness, 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.

 **SIGNATURE(S)** First Account Holder Second Account Holder Third Account Holder