

COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2016/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')

BDA / CA Code

ARN/RIA Code [^]	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. [@]	UTI RM No.
ARN-6136					E033574	

[^] By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

[@] I/We confirm that the EUI box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (☐ Please tick and sign below when EUI box is left blank) (refer instruction 'w').

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

Existing Unit Holder information If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

APPLICANT'S PERSONAL DETAILS ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s

* Denotes Mandatory Fields

Name of First Applicant (as appearing in ID proof given for KYC)

F I R S T M I D D L E L A S T Date of Birth d d m m y y y y Mandatory for minors

First Applicant's Address (Do not repeat the name) **Name & Address of resident relative in India** (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot* Street/Road/Area/Post City/Town* State Pin*

*PAN/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished above) AADHAAR CARD NO.

Enclosed ☐ PAN/PEKRN Card/ID Proof Copy ☐ Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

State Country* City* Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

☐ Mr. ☐ Ms. ☐ Mrs.

F I R S T M I D D L E L A S T

\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction 'f').

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

Date of Birth of 2nd Applicant

F I R S T M I D D L E L A S T

*PAN/PEKRN \$ of 2nd Applicant

AADHAAR CARD NO.

Enclosed ☐ PAN/PEKRN Card/ID Proof Copy ☐ Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

Date of Birth of 3rd Applicant

F I R S T M I D D L E L A S T

*PAN /PEKRN \$ of 3rd Applicant

AADHAAR CARD NO.

Enclosed ☐ PAN/PEKRN Card/ID Proof Copy ☐ Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

\$ Required for MICRO Investment upto Rs. 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)

☐ Cash Account type ☐ Savings ☐ Current ☐ NRE (please ✓) ☐ NRO ☐ DD issued from abroad

Account No.

Date Amt. of investment (i) ☐ UTI Smart Form (OTM) if already registered (Applicable for existing investors)

Bank DD Charges if any (ii) # Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"

Branch Net amount paid (i-ii) ♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Amt. in words

Bank Name		Branch
Address		MICR Code (this is a 9-digit number next to your cheque number)
	City Pin*	IFS Code (this is a 11-digit number)

[illegible]

☐ UTI-Balanced Fund	☐ UTI-Mid Cap Fund
☐ UTI-Banking Sector Fund - Regular Plan	☐ UTI-MNC Fund
☐ UTI-Bluechip Flexicap Fund	☐ UTI-Multi Cap Fund - Regular Plan
☐ UTI-Dividend Yield Fund	☐ UTI-Nifty Index Fund
☐ UTI-Equity Fund	☐ UTI-Opportunities Fund
☐ UTI-India Lifestyle Fund	☐ UTI-Pharma & Healthcare Fund
☐ UTI-Infrastructure Fund	☐ UTI-SPrEAD Fund
☐ UTI-Long Term Equity Fund (Tax Saving)	☐ UTI-Top 100 Fund
☐ UTI-Mastershare Unit Scheme	☐ UTI-Transportation & Logistics Fund
	☐ UTI-Wealth Builder Fund Series II - Retail Plan

Can-Serve Facility

Scheme Name:	☐ UTI-Balanced Fund	☐ UTI-Mastershare Unit Scheme	☐ UTI-SPrEAD Fund
Plan :	☐ Direct Plan	☐ Existing Plan	
Option:	☐ CanServe Growth Option ₹ _____/- (minimum ₹ 1000/-)	☐ CanServe Dividend Payout Option (default 50%) ☐ 50% ☐ 100%	Default is CanServe Growth Option

Investors ticking the CanServe facility will be allotted units under the said facility only. Any other option selected would be ignored.

Ownership details to be provided if the Ownership percentage/interest any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction g)

Category	☐ Unlisted Company	☐ Partnership Firm	☐ Unincorporated Association/Body of Individuals	☐ Trust	☐ Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

DEMAT ACCOUNT DETAILS - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

[illegible]

FRIEND IN NEED DETAILS In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (refer instruction - k)

Name	F	I	R	S	T			M	I	D	D	L	E					L	A	S	T		
Address:																							
Relationship with the applicant (optional)								Email									Mobile						

STATUS:	☐ Resident Individual	☐ Minor through guardian	☐ HUF	☐ Partnership	☐ Trust
	☐ Sole Proprietorship	☐ Society / Club	☐ Body Corporate	☐ AOP	☐ BOI
	☐ FPI	☐ NRI	☐ Foreign Nationals**	☐ Listed Company	☐ LLP
	☐ Unlisted 'Not for Profit'^^ Company	☐ Other Unlisted Company	☐ PIO		
	☐ Others (Please specify) _____				

Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

OCCUPATION:	☐ Business	☐ Student	☐ Agriculture	☐ Self-employed	☐ Professional
	☐ Housewife	☐ Retired	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service
	☐ Forex Dealer	☐ Others (Please specify) _____			
MODE OF HOLDING:	☐ Single	☐ Anyone or survivor	☐ Joint		
MARITAL STATUS:	☐ Unmarried	☐ Married	☐ Wedding Anniversary	DD	MM

FOR INDIVIDUALS ONLY

1st Applicant:	(A) Gross Annual Income Details Please tick (✓) ☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore [OR] Net-worth in ₹ _____ as on (date) DD/MM/YYYY (B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) (For definition of PEP, please refer instruction 'x'). (C) Any other information: _____
2nd Applicant:	(A) Gross Annual Income Details ☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore [OR] Net-worth in ₹ _____ as on (date) DD/MM/YYYY (B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) (C) Any other information: _____
3rd Applicant:	(A) Gross Annual Income Details ☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore [OR] Net-worth in ₹ _____ as on (date) DD/MM/YYYY (B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) (C) Any other information: _____

FOR NON-INDIVIDUALS ONLY

(A) Gross Annual Income Details

☐ Below 1 Lac
 ☐ 1-5 lacs
 ☐ 5-10 Lacs
 ☐ 10-25 Lacs
 ☐ >25 Lacs - 1 Crore
 ☐ >1 Crore

[OR]

Net-worth in ₹ _____ as on (date) / /

(B) Is the entity involved in / providing any or the following services

– Foreign Exchange / Money Changer Services ☐ YES ☐ NO
 – Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO

– Money Lending / Pawning ☐ YES ☐ NO

(C) Any other information:



ACKNOWLEDGEMENT
(To be filled in by the Applicant)

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961] Sr. No. 2016/

Received from Mr / Ms / M/s		
An application under		(scheme name)
along with Cheque ^s /DD ^s /NEFT/RTGS		
Ref. No./Unique Serial No. (For Cash)		
Drawn on (Bank)		
for ₹ (in figures)		

Stamp of UTI AMC Office/
Authorised Collection Centre

\$ Cheques and drafts are subject to realisation.

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)

☐ I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth	Address of guardian
(in case of nominee is a minor)	
Address with pin code	Signature of Nominee / guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

☐ I/We do not wish to nominate

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/s

● I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, 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 this investment has been duly authorised 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 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 hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● 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 NRI's). ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (Strike out if this declaration is not applicable).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)

☐ Through email[∞] ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above[∞] ☐ To be dispatched to my resident relative's address in India as mentioned above[∞]

[∞] Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

∞ Applicable to NRIs

First Applicant Details	Mobile No.	Tel. (R) STD CODE	Tel. (O) STD CODE
	*E-mail Alternate E-mail		

Signature of 1st Applicant / Guardian / POA^{^^}

Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^{^^}

Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^{^^}

Name of 3rd Authorised Signatory

Designation

Designation

Designation

^{^^}Power of Attorney (POA) Registration No. (if already registered) (refer instruction 'ab')

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
- All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

M/s. Karvy Computershare Pvt. Ltd.: Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, **Board No:** 040-6716 2222, **Fax No.:** 040- 6716 1888, **Email:** uti@karvy.com

Haq, ek behtar zindagi ka.

Note : All purchases are subject to realisation of Cheques/ receipt of funds.

*CHECK LIST

The Form is complete in all respects.
The form is signed by the holders as per the holding basis
Folio, Mobile Number, email id , PAN and KYC details are submitted.
A Copy of cheque leaf is enclosed.

GUIDELINES TO FILL UTI SMaRT FORM

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Provide CBS Account Number
4. Write name of the bank through which you wish to invest.
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Period: Starting date of UTI SMaRT FORM registration (in format DD/MM/YYYY)
10. Telephone Number
11. Email ID
12. Specimen Signature as Submitted by you with your banker against the particular/given bank account
13. Name: Mention Holder Name as Per Bank Record