

COMMON APPLICATION FORM FOR INCOME SCHEMES

Sr.No. 2016/

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

TIME STAMP

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

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN / RIA No. [^]	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. [@]	UTI RM No.
ARN: 54854	South Gujarat					

[^] 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 EUIN 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 EUIN 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 / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS) (as appearing in ID proof given for KYC)

Date of Birth									
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 (whose particulars are furnished in the form) 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)

City*									
State					Country*				
Zip/Pin*									

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$\$/ Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UBF / MIS / MUS)

☐ Mr. ☐ Ms. ☐ Mrs.

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\$\$ 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. ☐ M/s.

Date of Birth of 2nd Applicant

*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. ☐ M/s.

Date of Birth of 3rd Applicant

*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 ₹ 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standards)

(Refer Instruction 'y')

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

Account No.

Date

Bank

Branch

Amt. in words

Amt. of investment (i)

DD Charges if any (ii)

Net amount paid (i-ii)

☐ Cash Account type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ DD issued from abroad

☐ UTI Smart Form (OTM) if already registered (Applicable for existing investors)

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"

* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name			Branch		
Address			MICR Code		
	City	Pin*	(this is a 9-digit number next to your cheque number)		
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE			IFS Code		
Account No.			(this is a 11-digit number)		

INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE ☐ & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')
PLEASE USE SEPARATE FORM FOR EACH SCHEME

<input type="checkbox"/> UTI-CRTS	<input type="checkbox"/> UTI-GILT ADVANTAGE FUND-LTP	<input type="checkbox"/> UTI-MAHILA UNIT SCHEME	<input type="checkbox"/> UTI-MONTHLY INCOME SCHEME
	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment (Default-Growth Option/Plan)
<input type="checkbox"/> UTI-G-SEC FUND-STP	<input type="checkbox"/> Growth	<input type="checkbox"/> Daily Dividend Reinvestment	<input type="checkbox"/> Periodic Dividend Payout <input type="checkbox"/> Periodic Dividend Reinvestment (Default-Growth Option)
<input type="checkbox"/> UTI-MIS-ADVANTAGE PLAN	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Monthly Div. Plan Payout	<input type="checkbox"/> Monthly Div. Plan Reinvestment
	<input type="checkbox"/> Flexi Div. Plan Payout	<input type="checkbox"/> Flexi Div. Plan Reinvestment	<input type="checkbox"/> Monthly Payment Plan (Default-Growth Plan)
<input type="checkbox"/> UTI-BANKING & PSU DEBT FUND	<input type="checkbox"/> UTI-INCOME OPPORTUNITIES FUND	<input type="checkbox"/> UTI-SHORT TERM INCOME FUND	
	<input type="checkbox"/> Growth	<input type="checkbox"/> Monthly Div. Payout	<input type="checkbox"/> Monthly Div. Reinvestment
	<input type="checkbox"/> Quarterly Div. Payout	<input type="checkbox"/> Quarterly Div. Reinvestment	<input type="checkbox"/> Half Yearly Div. Payout
	<input type="checkbox"/> Half Yearly Div. Reinvestment	<input type="checkbox"/> Annual Div. Payout	<input type="checkbox"/> Annual Div. Reinvestment (Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. Div. Sub Option)
	<input type="checkbox"/> Flexi Div. Payout	<input type="checkbox"/> Flexi Div. Reinvestment	
<input type="checkbox"/> UTI-BOND FUND	<input type="checkbox"/> UTI-DYNAMIC BOND FUND		
	<input type="checkbox"/> Growth	<input type="checkbox"/> Quarterly Div. Payout	<input type="checkbox"/> Quarterly Div. Reinvestment
	<input type="checkbox"/> Half Yearly Div. Payout	<input type="checkbox"/> Half Yearly Div. Reinvestment	<input type="checkbox"/> Annual Div. Payout
	<input type="checkbox"/> Annual Div. Reinvestment	<input type="checkbox"/> Flexi Div. Payout	<input type="checkbox"/> Flexi Div. Reinvestment (Default-Growth Option)
<input type="checkbox"/> UTI-FLOATING RATE FUND-STP	<input type="checkbox"/> UTI-LIQUID CASH PLAN	<input type="checkbox"/> UTI-MONEY MARKET FUND	<input type="checkbox"/> UTI-TREASURY ADVANTAGE FUND
<input type="checkbox"/> UTI-MEDIUM TERM FUND	<input type="checkbox"/> Growth	<input type="checkbox"/> Daily Div. Reinvestment ^{&&&}	<input type="checkbox"/> Weekly Div. Payout ^{&&}
	<input type="checkbox"/> Weekly Div. Reinvestment ^{&&&}	<input type="checkbox"/> Fortnightly Div. Payout ^{&&&}	<input type="checkbox"/> Fortnightly Div. Reinvestment ^{&&&}
	<input type="checkbox"/> Monthly Div. Payout	<input type="checkbox"/> Monthly Div. Reinvestment	<input type="checkbox"/> Quarterly Div. Payout
	<input type="checkbox"/> Quarterly Div. Reinvestment	<input type="checkbox"/> Half Yearly Div. Payout	<input type="checkbox"/> Half Yearly Div. Reinvestment
	<input type="checkbox"/> Annual Div. Payout	<input type="checkbox"/> Annual Div. Reinvestment	<input type="checkbox"/> Flexi Div. Payout
	<input type="checkbox"/> Flexi Div. Reinvestment	(Default-Growth Option under UTI-FRF, UTI-MMF & UTI-MTF) (Default-Daily Div. Reinvestment under UTI-LCP & UTI-TAF)	

Please Note:

&& Weekly Div. Payout Option NOT available under UTI-Liquid Cash Plan, UTI-Floating Rate Fund-STP & UTI-Medium Term Fund

&&& Daily Div. Reinvestment, Weekly Div. Reinvestment, Fortnightly Div. Payout & Fortnightly Div. Reinvestment option are not available under UTI-Medium Term Fund

For Dividend Policy relating to various Options / Sub Options, please refer to SID.

<input type="checkbox"/> UTI-FIXED MATURITY PLAN	<input type="checkbox"/> YEARLY SERIES (YFMP)	<input type="checkbox"/> HALF YEARLY SERIES (HFMP)	<input type="checkbox"/> QUARTERLY SERIES (QFMP)
(Use separate form for each series)			
<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment	(Default-Growth Option)

Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)

Details of Beneficial Ownership (Please tick applicable category). 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 q)

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

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.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

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]

Unitholding Option ☐ Demat Mode ☐ Physical Mode (Available under all scheme except UTI-CRTS, UTI-MUS & UTI-FMP)

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

National Securities Depository Limited	Depository Name _____	Central Depository Services (India) Limited	Depository Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary Account No. _____		

Enclosures : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

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	_____
Address:	_____
Relationship with the applicant (optional)	_____
Email	_____
Mobile	_____

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS:

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals##	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
<input type="checkbox"/> Unlisted 'Not for Profit'^^ Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
<input type="checkbox"/> Others (Please specify) _____				

OCBs are not allowed to invest in units of any of the schemes of UTI MF.
^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

OCCUPATION:

<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

MODE OF HOLDING: ☐ Single ☐ Anyone or survivor ☐ Joint ☐ First holder or Survivor (for UTI MUS)

MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary

OTHER DETAILS (MANDATORY)

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)

(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)

(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)

(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:** _____



Hag, ek behtar zindagi ka.

Received from Mr / Ms / M/s

An application under

along with Cheque/DD^s/NEFT/RTGS

Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2016/

_____ (scheme name)
_____ dated _____

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (in case of nominee is a minor)	Address of guardian
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

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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. • 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. • 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 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 for NRIs) • 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 despatched 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (R) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (O) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	*E-mail <input type="text"/> Alternate E-mail <input type="text"/>		

<div style="border: 1px solid black; height: 40px; width: 240px;"></div>	<div style="border: 1px solid black; height: 40px; width: 240px;"></div>	<div style="border: 1px solid black; height: 40px; width: 240px;"></div>
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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 'AA')

Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **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.**
4. 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