



# COMMON APPLICATION FORM FOR INCOME SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

Sr.No. 2014/

(OCBs & US PERSONS INCLUDING QUALIFIED FOREIGN INVESTORS REGISTERED IN USA AND CANADA AND RESIDENTS OF CANADA ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Registrar Sr. No.

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

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

[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	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.*	UTI RM No.
ARN-97821					E113814	

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 'v').

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')		
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above	OR	<input type="checkbox"/> 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	Scheme Name:	Folio Number:

APPLICANT'S PERSONAL DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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		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 OF 1st APPLICANT (whose particulars are furnished in the form) AADHAR CARD NO.		
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)		

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)			
City*			
State	Country*	Zip/Pin*	

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor) \$ /		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Contact Person And Designation - For Institutional Applicants / Alternate Applicant (incase of UBF / MIS / MUS)		
\$ 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).		

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT	
<input type="checkbox"/> Applicant's address	(for NRIs) <input type="checkbox"/> At my Overseas address as mentioned above / <input type="checkbox"/> To be despatched to my resident relative's address in India as given above

DETAILS OF OTHER APPLICANTS	
Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s.	Date of Birth of 2nd Applicant d d m m y y y y
*PAN of 2nd Applicant	AADHAR CARD NO.
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)	
Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s.	Date of Birth of 3rd Applicant d d m m y y y y
*PAN of 3rd Applicant	AADHAR CARD NO.
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)	

PAYMENT DETAILS (Refer Instruction 'x')		ARN-97821
#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash Account type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE	
Account No.	(please ✓) <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad	
Date	Amt. of investment (i)	# 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"
Bank	DD Charges if any (ii)	* Investment amount shall be ₹ 2 lacs and above in case of payments through NEFT / RTGS.
Branch	Net amount paid (i-ii)	
Amt. in words		

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

Bank Name	Branch	
Address	MICR Code <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table> (this is a 9-digit number next to your cheque number)	
City	Pin*	IFS Code <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table> (this is a 11-digit number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		
Account No. <table border="1" style="display: inline-table; width: 300px; height: 15px;"></table>		

**INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here ☐ & tick Scheme, Plan / Option given below) (Refer instruction 'j')**

<input type="checkbox"/> UTI-BANKING & PSU DEBT FUND - REGULAR PLAN	<input type="checkbox"/> UTI-BOND FUND	<input type="checkbox"/> UTI-CRTS	<input type="checkbox"/> UTI-DYNAMIC BOND FUND
<input type="checkbox"/> UTI-INCOME OPPORTUNITIES FUND	<input type="checkbox"/> UTI-MAHILA UNIT SCHEME	<input type="checkbox"/> UTI-MONTHLY INCOME SCHEME	
<input type="radio"/> Growth	<input type="radio"/> Dividend Payout	<input type="radio"/> Dividend Reinvestment	(Default – Growth Option)
<input type="checkbox"/> UTI-FIXED MATURITY PLAN - Regular Plan (Use separate form for each series)	<input type="radio"/> Yearly Series (YFMP) <input type="radio"/> Growth	<input type="radio"/> Half Yearly Series (HFMP) <input type="radio"/> Dividend Payout	<input type="radio"/> Quarterly Series (QFMP) <input type="radio"/> Dividend Reinvestment
Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)			(Default – Growth Option)
<input type="checkbox"/> UTI-FLOATING RATE FUND (STP) - Regular Plan	<input type="radio"/> Growth <input type="radio"/> Flexi Dividend Payout	<input type="radio"/> Daily Div. Reinvestment <input type="radio"/> Flexi Dividend Reinvestment	<input type="radio"/> Weekly Div. Reinvestment (Default – Growth Option)
<input type="checkbox"/> UTI-G-SEC FUND-(STP)	<input type="radio"/> Growth <input type="radio"/> Periodic Dividend Payout	<input type="radio"/> Daily Dividend Reinvestment <input type="radio"/> Periodic Dividend Reinvestment	(Default – Growth Option)
<input type="checkbox"/> UTI-GILT ADVANTAGE FUND-LTP	<input type="radio"/> Growth Plan	<input type="radio"/> Dividend Plan Payout	<input type="radio"/> Dividend Plan Reinvestment (Default – Growth Plan)
<input type="checkbox"/> UTI-LIQUID CASH PLAN- Institutional	<input type="radio"/> Growth <input type="radio"/> Monthly Payout	<input type="radio"/> Daily Div. Reinvestment <input type="radio"/> Monthly Reinvestment	<input type="radio"/> Weekly Div. Reinvestment (Default – Daily Div. Reinvestment)
<input type="checkbox"/> UTI-MIS-ADVANTAGE PLAN	<input type="radio"/> Growth Plan <input type="radio"/> Flexi Dividend Plan Payout	<input type="radio"/> Monthly Div. Plan Payout <input type="radio"/> Flexi Dividend Plan Reinvestment	<input type="radio"/> Monthly Div. Plan Reinvestment <input type="radio"/> Monthly Payment Plan (Default Plan - Growth Plan)
<input type="checkbox"/> UTI-MONEY MARKET FUND - Institutional Plan	<input type="radio"/> Growth <input type="radio"/> Weekly Div. Reinvestment	<input type="radio"/> Daily Div. Reinvestment	<input type="radio"/> Weekly Div. Payout (Default – Growth Option)
<input type="checkbox"/> UTI-SHORT TERM INCOME FUND- Institutional Option	<input type="radio"/> Growth Sub Option <input type="radio"/> Flexi Dividend Payout Sub Option	<input type="radio"/> Div Payout Sub Option <input type="radio"/> Flexi Dividend Reinvestment Sub Option	<input type="radio"/> Div. Reinvestment Sub Option (Default – Div. Reinvestment Sub Option)
<input type="checkbox"/> UTI-TREASURY ADVANTAGE FUND- Institutional Plan	<input type="radio"/> Growth <input type="radio"/> Weekly Div. Reinvestment <input type="radio"/> Quarterly Div. Payout <input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Daily Div. Reinvestment <input type="radio"/> Monthly Div. Payout <input type="radio"/> Quarterly Div. Reinvestment <input type="radio"/> Bonus Option	<input type="radio"/> Weekly Div. Payout <input type="radio"/> Monthly Div. Reinvestment <input type="radio"/> Annual Div. Payout (Default – Daily Div. Option)

**Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of 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				
4				
5				
6				

[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 (CMI) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

**FRIEND IN NEED DETAILS** (refer instruction - k) 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.

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

**GENERAL INFORMATION - Please (✓) wherever applicable**

<b>STATUS:</b>	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Unlisted Company	<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	<input type="checkbox"/> Body Corporate
	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI	<input type="checkbox"/> FII	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals##
	<input type="checkbox"/> Others (Please specify) _____				
<b>OCCUPATION:</b>	<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

**##** OCBs & US persons including Qualified Foreign Investors registered in USA and Canada and residents of Canada are not allowed to invest in units of any of the schemes of UTI MF.

**OTHER DETAILS (For Individuals Only)\***

1. Gross Annual Income Details Please tick (✓) ☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs

[OR]

Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)    /    /

2. Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)  
(For definition of PEP, please refer instruction 'w').

3. Any other information: \_\_\_\_\_

**OTHER DETAILS (For Non-Individuals Only)\***

1. Gross Annual Income Details Please tick (✓) ☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 Crore ☐ >1 Crore

2. Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)    /    /

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Any other information: \_\_\_\_\_



**ACKNOWLEDGEMENT**  
(To be filled in by the Applicant)

ARN-97821

Sr. No. 2014/

Received from Mr / Ms / M/s

An application under

along with Cheque / DD No. / Cash

Drawn on (Bank)

for ₹ (in figures)

	(scheme name)
	dated

Stamp of UTI AMC Office/  
Authorised Collection Centre

\* Cheques and drafts are subject to realisation.

**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.

<b>Name and Address of Nominee</b>	<b>To be furnished in case nominee is a minor</b>								
Name	Name of the guardian								
Date of Birth <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> (in case of nominee is a minor)	d	d	m	m	y	y	y	y	Address of guardian
d	d	m	m	y	y	y	y		
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

Sign.  
here  
↓

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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)

\* 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. (If you wish to receive in physical form please tick ☐ )

<b>First Applicant Details</b>	Mobile Number	Tel. (R) STD CODE <div style="border: 1px solid black; width: 100px; height: 15px;"></div> (O) STD CODE <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	*E mail <div style="border: 1px solid black; width: 150px; height: 15px;"></div>
	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>		Alternate E-mail <div style="border: 1px solid black; width: 150px; height: 15px;"></div>

Sign.  
here  
↓

<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Signature of 1st Applicant / Guardian Name of 1st Authorised Signatory	Signature of 2nd Applicant Name of 2nd Authorised Signatory	Signature of 3rd Applicant Name of 3rd Authorised Signatory
Designation <div style="border: 1px solid black; width: 150px; height: 15px;"></div>	Designation <div style="border: 1px solid black; width: 150px; height: 15px;"></div>	Designation <div style="border: 1px solid black; width: 150px; height: 15px;"></div>

**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 Private Limited, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081. Tel. 040-23312454, Fax: 040-23115503, E-mail: uti@karvy.com