



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.
10520	S Babu Arunachalam				E036140	

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 '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')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

OR

I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

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

₹ 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 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)

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 OF 1st APPLICANT (whose particulars are furnished in the form) AADHAR CARD NO.

Enclosed PAN Card 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* Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$ / Mr. Ms. Mrs.

Contact Person And Designation - For Institutional Applicants / Alternate Applicant (incase of UBF / MIS / MUS)

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).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT FOR NRIs

Applicant's address as mentioned above At my Overseas address as mentioned above / To be despatched to my resident relative's address in India as given above

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. M/s. Date of Birth of 2nd Applicant d d m m y y y y

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

*PAN of 2nd Applicant AADHAR CARD NO.

Enclosed PAN Card Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

Name of 3rd Applicant Mr. Ms. Mrs. M/s. Date of Birth of 3rd Applicant d d m m y y y y

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

*PAN of 3rd Applicant AADHAR CARD NO.

Enclosed PAN Card Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

PAYMENT DETAILS (Refer Instruction 'x')

#Cheque/DD*/NEFT*/RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE

Account No. (please ✓) NRO 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)

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

Amt. in words

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

Bank Name		Branch
Address		MICR Code <input type="text"/> (this is a 9-digit number next to your cheque number)
City	Pin*	IFS Code <input type="text"/> (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. <input type="text"/>		

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

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: Resident Individual Listed Company Unlisted Company Minor through guardian HUF
 Partnership Trust Sole Proprietorship Society Body Corporate
 AOP BOI FPI NRI Foreign Nationals##
 Others (Please specify) _____

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 First holder or Survivor (for UTI MUS)

MARITAL STATUS: Unmarried Married Wedding Anniversary DD MM

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 (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 ₹ _____ (Net worth should not be older than 1 year) 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 'w').

(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 ₹ _____ (Net worth should not be older than 1 year) 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 ₹ _____ (Net worth should not be older than 1 year) 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 ₹ _____ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

(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)

Sr. No. 2014/

Received from Mr / Ms / M/s _____

An application under _____ (scheme name)

along with Cheque / DD No. / Cash _____ dated _____

Drawn on (Bank) _____

for ₹ (in figures) _____

Stamp of UTI AMC Office/
Authorised Collection Centre

§ Cheques and drafts are subject to realisation.

DETAILS UNDER FATCA / FOREIGN TAX LAWS (Refer instruction 'y')

For Individual		For Non-Individual	
Country of birth _____		Please indicate all countries in which the organization is a resident for tax purposes and the associated Tax ID Numbers below	
If you are not resident in any country (except India) for tax purposes, please tick this box <input type="checkbox"/>		Country of Tax Residency	Tax ID Number
OR		AND	
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.		Please tick the relevant box below, even if Country of Tax Residency is India	
Country of Tax Residency	Tax Reference Number	<input type="checkbox"/> Form W8 BEN-E/ specified declaration (Enclosed)	
		<input type="checkbox"/> Unable to Provide [UTI Mutual Fund will contact you in due course to confirm your FATCA Status]	
		Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.	

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 d d m m y y y y (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

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)

First Applicant Details	Mobile No. <input type="text"/>	Tel. (R) STD CODE <input type="text"/>	Tel. (O) STD CODE <input type="text"/>
	*E-mail <input type="text"/>		Alternate E-mail <input type="text"/>

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 _____	Designation _____	Designation _____

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

(X)

Sign. here →

(X)

Sign. here →