



**COMMON APPLICATION FORM FOR UTI-CHILDREN'S CAREER PLAN (UTI-CCP), UTI-EQUITY TAX SAVINGS PLAN (UTI-ETSP), UTI-UNIT LINKED INSURANCE PLAN (UTI-ULIP) AND UTI-RETIREMENT BENEFIT PENSION FUND (UTI-RBP)**

Sr. No. 2014/

Registrar Sr. No.

(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)

(PLEASE READ INSTRUCTIONS CAREFULLY) PLEASE FILL IN ALL COLOUMS IN CAPITAL LETTERS ONLY AND USE SEPARATE FORM FOR EACH SCHEME [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				E 036140	

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 No. 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 No. is left blank) (refer instruction 'v').

Signature of 1st Applicant / Donor (for UTI CCP) / 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	OR	<input type="checkbox"/> 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 Minor (above 12 years of age under UTI-ULIP) / Karta of HUF / the Beneficiary under UTI-RBP (for investment by Non-Individual) (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 UTI-ULIP, UTI-RBP & for minors

\* For UTI CCP, applicant can be other than Father / Mother / Guardian of the beneficiary child. However, Parent/Guardian details must be provided below separately.

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\*

**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 BENEFICIARY CHILD UNDER UTI-CCP Master/Kum: (Not exceeding 15 years of age)**

F	I	R	S	T	M	I	D	D	L	E		
L	A	S	T	Date of Birth of Beneficiary Child	d	d	m	m	y	y	y	y

**NAME IN FULL OF THE FATHER (OR) MOTHER (OR) GUARDIAN (IN CASE OF MINOR UNDER UTI-ULIP & BENEFICIARY CHILD UNDER UTI-CCP) \$/ CONTACT PERSON FOR INSTITUTIONAL APPLICANTS/HUSBAND OF THE APPLICANT (UNDER UTI-ULIP)**  Mr.  Ms.  Mrs.

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

**ADDRESS OF THE FATHER/MOTHER/GUARDIAN OF THE BENEFICIARY CHILD WHERE SCHOLARSHIP / REDEMPTION UNDER GROWTH OPTION TO BE SENT UNDER UTI-CCP / PARENT OR GUARDIAN OF MINOR UNDER UTI-ULIP** (Post box no. alone is not sufficient)

State      Country\*      City\*      Pin\*

**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

**\*PAN OF 1st APPLICANT / BENEFICIARY CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)** Please (✓)

Enclosed copy of  PAN Card  KYC Compliance Proof\*      AADHAR Card No.      \*PAN No. OF HUF/SPOUSE Enclosed copy of  PAN Card  KYC Compliance Proof\*

**DETAILS OF OTHER APPLICANTS (Not Applicable under UTI-ULIP)**

Name of 2nd Applicant  Mr.  Ms.  Mrs. (Alternate Parent of Minor under UTI-ETSP) / Alternate Child under UTI-CCP: Master/Kum: (Not exceeding 15 years of age)

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T			
Date of Birth of 2nd Applicant	d	d	m	m	y	y	y	y	Date of Birth of Alternate Child	d	d	m	m	y	y	y	y

**NAME IN FULL OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD \$ (Only for UTI CCP)**  Mr.  Ms.  Mrs.

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

**ADDRESS OF FATHER/MOTHER/GUARDIAN OF THE ALTERNATE CHILD (Do not repeat the name) (Post box no. alone is not sufficient)**

City\*      State      Pin\*      Country\*

**\*PAN OF 2ND APPLICANT/ALTERNATE CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)** Please (✓)

Enclosed copy of  PAN Card  KYC Compliance Proof\* **AADHAR Card No.** \_\_\_\_\_

\$ 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).

**NAME OF 3RD APPLICANT (Applicable only under UTI-ETSP)**  Mr.  Ms.  Mrs.

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

Date of Birth of 3rd Applicant | d | d | m | m | y | y | y | y

**\*PAN OF 3RD APPLICANT** Please (✓)

Enclosed copy of  PAN Card  KYC Compliance Proof\* **AADHAR Card No.** \_\_\_\_\_

**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

Unitholding Option  Demat Mode  Physical Mode (Available under UTI-ETSP)

**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 DP ID No. _____ Beneficiary Account No. _____	Central Depository Services (India) Limited	Depository Name Target ID No. _____
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Enclosures :  Client Master List (CMI)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**BANK PARTICULARS OF FIRST APPLICANT / BENEFICIARY CHILD (UNDER UTI-CCP) (Mandatory as per SEBI guidelines)**

Bank Name	Branch
Address	MICR Code _____ (this is a 9-digit number next to your cheque number)
City _____ *Pin _____	
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 AND PAYMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Scheme, Plan / Option given below) (refer instruction 'j' & 'x') for UTI-ULIP fill next page**

If no scheme/plan name is selected, the application will be rejected.

Scheme / Plan	Option (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)	Cheque / DD# No. & Date	Bank & Branch
<input type="checkbox"/> UTI-RBP						
<input type="checkbox"/> UTI-ETSP	<input type="checkbox"/> Growth #					
	<input type="checkbox"/> Dividend Payout					
	<input type="checkbox"/> Dividend Reinvestment					
<input type="checkbox"/> UTI-Children's Career Balanced Plan #	<input type="checkbox"/> Growth					
	<input type="checkbox"/> Scholarship #					
<input type="checkbox"/> UTI-CCP Advantage Fund	<input type="checkbox"/> Growth#					
	<input type="checkbox"/> Dividend					
	<input type="checkbox"/> Scholarship					

**For Scholarship option under UTI-CCP please tick the mode and the No. of instalments**

UTI-Children's Career Balanced Plan				
Mode	No. of instalments			
<input type="checkbox"/> Yearly	4	5	6	7 8
<input type="checkbox"/> Half Yearly	8	10	12	14 16

(If no option is exercised, the application will be deemed to be under the Scholarship Option with yearly mode of giving 4 instalments of scholarship and processed accordingly)

UTI-CCP Advantage Fund				
Mode	No. of instalments			
<input type="checkbox"/> Yearly	4	5	6	7 8
<input type="checkbox"/> Half Yearly	8	10	12	14 16

(If no option is exercised, the application will be deemed to be under the Growth Option and processed accordingly)

UTI-ULIP Investment Details must be furnished separately in the subsequent page. Payment details must be furnished below.

#Cheque/DD/NEFT/RTGS Ref.No./ \_\_\_\_\_  Cash Account type  Savings  Current  NRE  
 Unique Serial No. (For Cash) \_\_\_\_\_ (please ✓)  NRO  DD issued from abroad  
 Account No. \_\_\_\_\_

**Bank & Branch (For UTI-ULIP)** \_\_\_\_\_

Please tick if the above payment is made from your Spouse / HUF Bank Account. In case of Spouse, please tick  Husband  Wife  
 #Please mention the Application No. on the reverse of the Cheque/DD, NEFT/RTGS advice. Please use separate Cheque/DD for each Scheme. Cheque/DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only". \* Investment amount shall be Rs. 2 lacs and above in case of payments through NEFT / RTGS.

**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. (Applicable only under UTI-ETSP) (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]

**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 (not applicable to UTI-ULIP)

**MARITAL STATUS**  Unmarried  Married  Wedding Anniversary  DD / MM / YYYY  MM / YYYY

**CATEGORY UNDER UTI-ULIP**  In my/our individual capacity (Please fill in the nomination form)  On behalf of minor as Father/Mother/Lawful guardian

### 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**

**1<sup>st</sup> 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').

**2<sup>nd</sup> 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)

**3<sup>rd</sup> 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 of 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:** \_\_\_\_\_

**FOR NRIS ONLY UNDER UTI-CCP**

I am a Non-Resident  Applicant  I am a Resident  Applicant  I am an Indian National of: \_\_\_\_\_ and of Indian Origin  
 Beneficiary Child  Beneficiary Child  (Name of the Country) \_\_\_\_\_ and of Indian Origin  
 Alternate Child  Alternate Child  (Name of the Country) \_\_\_\_\_ and of Indian Origin  
 (Name of the Country) \_\_\_\_\_

**UTI-ULIP INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Plan / Type of Insurance Cover given below) (refer instruction 'j' & 'x')**

Target Amount (₹) \_\_\_\_\_ Mode of contribution \_\_\_\_\_ Age in Yrs \_\_\_\_\_ Sex \_\_\_\_\_  
 Yrly  Half Yrly  SIP / Micro SIP  Male  Female

Investor opting for Systematic Investment Plan (SIP) / Micro SIP should fill in the separate form for the same.  
 Number of contributions now paid (initial + renewal) = \_\_\_\_\_ (not applicable for SIP / Micro SIP)

Scheme / Plan Period	Insurance Cover (#Default, if not ticked)	Amount of Investment (₹)	DD Charge if any (₹)	Net Amount Paid (₹)
<input type="checkbox"/> UTI-ULIP 10 Year Plan	<input type="checkbox"/> Declining Term # _____ <input type="checkbox"/> Fixed Term _____			
<input type="checkbox"/> UTI-ULIP 15 Year Plan	<input type="checkbox"/> Declining Term # _____ <input type="checkbox"/> Fixed Term _____			

I have regular and independent income  YES  NO  
 I am a  resident  non-resident Indian. In case I become NRI, I shall inform UTI AMC my address in India to which communications may be sent by UTI AMC.  
<sup>58</sup> In case of non-receipt of contribution by the due date, UTI AMC is hereby authorised to redeem units in my folio for payment of premium to the insurance company.  
 I hereby declare that an aggregate target amount of all my memberships in force including the one being now applicable for does not exceed ₹ 15,00,000/- . I realise that in the event of its exceeding ₹ 15,00,000/- for any reason whatsoever, the insurance cover on my life, will be restricted to ₹ 15,00,000/- (₹ 5,00,000/- for females without regular income).  
 I am aware that (i) I will be covered under the Personal Accident Insurance to such extent and so long as UTI MF extends the facility irrespective of the aggregate target amount under the Scheme. (ii) The above insurance cover when in force is in addition to the Life Insurance cover under the Scheme, I declare that in the event of my having taken or taking up a similar accident insurance policy to cover the same risk my claim shall stand restricted under my own policy and will not be eligible for the cover provided under the Scheme.  
<sup>59</sup> Please strike off if the same is not acceptable.

**Particulars of health:**  
 (A) Am I in sound health:  YES  NO  
 (B) Have I ever suffered from any of the following:  NO  YES If yes, please tick from the following  
 Tuberculosis  Cancer  Paralysis  Insanity  Any disease of the heart and lungs  
 Kidney disease  Any disease of brain  Diabetes  Hypertension  Any other serious disease  
 (C) Do I have any physical deformity or handicap:  NO  YES If yes, (i) the date of occurrence \_\_\_\_\_ (ii) whether gainfully employed  YES  NO  
 (D) Declaration of health: I hereby declare that I am in good health and free from disease, that I did not have any serious illness or major operation for the last five years and no proposal of insurance on my life to Life Insurance Corporation of India / any other life insurance company has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to UTI MF's UTI-Unit Linked Insurance Plan.

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

(UTI-ETSP, UTI-ULIP and UTI-RBP are eligible for deduction under Section 80C of the Income-Tax Act, 1961)



Sr. No. 2014/

Received from Mr./Ms./M/s. \_\_\_\_\_

**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/PAN details are given, failing which your application will be rejected.**
- All communications relating to issue of Statement of Account, Change in Name, Address or Bank Particulars, 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  
 Email: uti@karvy.com

Stamp of UTI AMC Office /  
 Authorised Collection Centre

**HEALTH DECLARATION (To be completed by the agent of UTI AMC or by the authorised person^)**

The applicant has completed and signed the application in my presence. From his/her appearance and to best of my judgement, I find that he/she is in good health and has a sound constitution. His/Her date of birth mentioned above is verified by me from \_\_\_\_\_ (Please state nature of proof). The applicant is known to me personally/has been introduced to me by Shri/Smt./Kum. \_\_\_\_\_ whose signature is appended.

\_\_\_\_\_  
(Signature of witness identifying the applicant)

\_\_\_\_\_  
(Signature of the authorised person)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name of witness  
(in block letters) \_\_\_\_\_

Name of authorised person  
(in block letters) \_\_\_\_\_

Occupation: \_\_\_\_\_

Status: (UTI AMC Agent, Magistrate, Bank Manager etc.) \_\_\_\_\_

Address: \_\_\_\_\_

Code No. (If UTI AMC Agent): \_\_\_\_\_

Office Seal (if others): \_\_\_\_\_

Address: \_\_\_\_\_

^UTI AMC CR/Agent/Magistrate/Manager of a scheduled bank/JP/Gazetted Officer/Officer in charge of Defence Personnel/Officer of UTI AMC/RBI/IDBI Bank

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

For Individual		For Non-Individual	
Country of birth _____ If you are not resident in any country (except India) for tax purposes, please tick this box <input type="checkbox"/>		Please indicate all countries in which the organization is a resident for tax purposes and the associated Tax ID Numbers below	
OR Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.		Country of Tax Residency	Tax ID Number
Country of Tax Residency	Tax Reference Number	AND	
		Please tick the relevant box below, even if Country of Tax Residency is India <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 ✓) (Person applying on behalf of Minor cannot nominate under UTI-ULIP) (Not available under UTI-CCP) (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 _____	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 documents, statement of additional information and Key information Memoranda, 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 schemes 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 agree that in case of scholarship option the first named child shall get the scholarship as per the installments selected herein above for which, the scheme will make the payment directly to the child. • 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 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. _____	Tel. (R) STD CODE _____	Tel. (O) STD CODE _____
	*E-mail _____	Alternate E-mail _____	

\_\_\_\_\_  
Signature of 1st Applicant / Donor (for UTI CCP) / Guardian®      Signature of 2nd Applicant      Signature of 3rd Applicant  
Name of 1st Authorised Signatory      Name of 2nd Authorised Signatory      Name of 3rd Authorised Signatory

\_\_\_\_\_  
Designation      Designation      Designation

@Signature of Guardian (if different from Donor) (for UTI CCP) \_\_\_\_\_

® For UTI CCP-Growth option, both Guardian & Donor (if different from Guardian) must sign.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) COMMON APPLICATION FORM**

• Subject to realisation

Sr.No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				• Cheque/DD No.	Bank & Branch
1					
2					
3					
4					
5					