

PLEASE USE SEPARATE FORM FOR EACH SCHEME
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)



Upfront Commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Have you invested in UTI MF earlier, ☐ Yes ☐ No

If yes, please provide: Scheme Name: _____ Folio No. _____ (Optional)

APPLICANT'S PERSONAL DETAILS (PLEASE FILL IN BLOCK LETTERS) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. Date of Birth

d	d	m	m	y	y	y	y
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Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS)

F	I	R	S	T	M	I	D	I	F	A	S	T
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***PAN OF 1st APPLICANT (whose particulars are furnished in the form)**

Enclosed ☐ PAN Card Copy Please ☒ **Know Your Customer (KYC)**
 KYC Mandatory for Investment of Rs.50,000 & above
 Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

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																			
City*					State										Pin*				
Tel. No. (R) STD CODE -					(O) STD CODE -					Mobile									
e-mail					Alternate e-mail														

If you wish to receive the following via e-mail Please (✓) [Refer Instruction (k)]

☐ Account Statement ☐ Annual Report ☐ Transaction Confirmation ☐ Communication of change of address, bank details etc.

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

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									
<div style="display: flex; justify-content: space-between;"> <div> <div>F</div> <div>I</div> <div>R</div> <div>S</div> <div>T</div> </div> <div> <div>M</div> <div>I</div> <div>D</div> <div>D</div> <div>L</div> <div>E</div> </div> <div> <div>L</div> <div>A</div> <div>S</div> <div>T</div> </div> </div>									

*PAN OF 2nd Applicant	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Enclosed <input type="checkbox"/> PAN Card Copy Please (✓)	Know Your Customer (KYC) KYC Mandatory for Investment of Rs.50,000 & above Copy of KYC acknowledgement enclosed	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Yes	No
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Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/S.

Date of Birth

	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: [] [] [] [] [] [] Enclosed PAN Card Copy ☐ Please ☒ Know Your Customer (KYC)
 KYC Mandatory for Investment of Rs.50,000 & above
 Copy of KYC acknowledgement enclosed ☐ Yes ☐ No

Status ☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust
☐ Company ☐ Sole Proprietorship ☐ Society ☐ Body Corporate ☐ AOP
☐ BOI ☐ FII ☐ NRI ☐ Others (specify)

Mode of Holding	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Joint	<input type="checkbox"/> First holder or Survivor (for UTI MUS)
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Occupation ☐ Business ☐ Student ☐ Agriculture ☐ Self employed ☐ Professional
☐ Housewife ☐ Retired ☐ Service ☐ Others (specify) _____

Marital Status ☐ Unmarried ☐ Married ☐ Wedding Anniversary D D M M


Annual Income of First Individual Applicant ☐ < 5 Lacs ☐ > 5 Lacs - < 15 Lacs ☐ > 15 Lacs - < 25 Lacs ☐ > 25 Lacs

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

BANK PARTICULARS (Mandatory as per SEBI guidelines)]		
Bank Name		Branch
Address		MICR Code <input type="text"/>
	City <input type="text"/> *Pin <input type="text"/>	(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 <input type="text"/>
Account No.	<input type="text"/>	

PAYMENT DETAILS			
Cheque / DD# No.		Amt. of investment (i)	
Date		DD Charges if any (ii)	
Bank		Net amount paid (i-ii)	
Branch		Amt. in words	
		Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad	

Please mention the application No. on the reverse of the cheque / DD. Cheque / DD must be drawn in favour of **"The Name of the Scheme"** & crossed **"A/c Payee Only"**
*** Denotes Mandatory Fields** (Application Form continued on the reverse)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)		 Sr. No. 2009/
Received from Mr./Ms./M/s.	<input style="width: 100%;" type="text"/>	
An application under	<input style="width: 100%;" type="text" value="Scheme Name"/>	
alongwith Cheque / DD No.*	<input style="width: 45%;" type="text"/>	Dated <input style="width: 45%;" type="text"/>
Drawn on (Bank)	<input style="width: 100%;" type="text"/>	
for Rs. (in figures)	<input style="width: 100%;" type="text"/>	
<small>* Cheque and drafts are subject to realisation</small>		

Stamp of UTI AMC Office /
 Authorised Collection Centre

INVESTMENT DETAILS (Please ✓)			
<input type="checkbox"/> UTI-G-Sec Fund	<input type="checkbox"/> Investment Plan	<input type="checkbox"/> Short Term Plan	<input type="checkbox"/> Dividend Option* <input type="checkbox"/> Growth Option (Default Plan / Option - Investment Plan & Growth Option)
<input type="checkbox"/> UTI-Bond Fund	<input type="checkbox"/> UTI-MIS	<input type="checkbox"/> UTI-Mahila Unit Scheme	<input type="checkbox"/> UTI-CRTS (Default Option - Growth Option)
	<input type="checkbox"/> Dividend Option*	<input type="checkbox"/> Growth Option \$	
\$ I/We wish to opt for Systematic Withdrawal Plan under Growth Option of <input type="checkbox"/> UTI-Bond Fund <input type="checkbox"/> UTI-Monthly Income Scheme (MIS) <input type="checkbox"/> UTI-CRTS as under :			
<input type="checkbox"/> Fixed Withdrawal Plan	<input type="checkbox"/> Monthly Payment : Rs. _____ <input type="checkbox"/> Quarterly Payment : Rs. _____ <input type="checkbox"/> Variable Withdrawal Plan (available under UTI-Bond Fund only)		
<input type="checkbox"/> UTI-Liquid Fund	<input type="checkbox"/> Cash Plan (Regular) <input type="checkbox"/> Dividend <input type="checkbox"/> Cash Plan (Institutional) <input type="checkbox"/> Dividend Option	<input type="checkbox"/> Monthly <input type="checkbox"/> Growth <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="radio"/> Monthly* <input type="checkbox"/> Growth Option	
<input type="checkbox"/> UTI-Short Term Income Fund	<input type="checkbox"/> Regular Option <input type="checkbox"/> Institutional Option <input type="checkbox"/> Monthly Dividend Sub Option* <input type="checkbox"/> Growth Sub Option	(Default Plan - Cash Plan (Regular), Default Option - Dividend Option (Daily Reinvestment) under Cash Plan and Dividend Option (Reinvestment) under UTI-Short Term Income Fund)	
(For Rs. 1 crore and above default is Cash Plan (Institutional))			
<input type="checkbox"/> UTI-GILT Advantage Fund-LTP	<input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan* <input type="checkbox"/> PF Plan <input type="radio"/> Growth Option <input type="radio"/> Dividend Option* <input type="radio"/> Prescribed Date Auto Redemption Option (PDAR) # <input type="radio"/> Prescribed Appreciation Auto Redemption Option (PAAR) # # both options available under PF Plan <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Principal Amount <input type="checkbox"/> Whole Amount In case of PDAR please specify a 'Desired Maturity Date' <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> In case of PAAR please specify a 'Desired Appreciation Rate' _____ % (Default Plan - Growth Plan)		
<input type="checkbox"/> UTI-Treasury Advantage Fund	<input type="checkbox"/> Growth <input type="checkbox"/> Daily Dividend <input type="checkbox"/> Weekly Dividend* <input type="checkbox"/> Monthly Dividend* <input type="checkbox"/> Quarterly Dividend* <input type="checkbox"/> Annual Dividend* <input type="checkbox"/> Bonus (Default - Daily Div. Plan / Option) <input type="checkbox"/> Institutional Plan <input type="radio"/> Growth Option <input type="radio"/> Daily Dividend <input type="radio"/> Weekly Dividend* <input type="radio"/> Monthly Dividend <input type="radio"/> Quarterly Dividend* <input type="radio"/> Annual Dividend* <input type="radio"/> Bonus Option		
<input type="checkbox"/> UTI-MIS-Advantage Plan	<input type="checkbox"/> Growth Plan <input type="checkbox"/> Monthly Dividend Plan* <input type="checkbox"/> Flexi Dividend Plan* <input type="checkbox"/> Monthly Payment Plan (Default Option - Growth Option)		
<input type="checkbox"/> UTI-Money Market Fund	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan <input type="checkbox"/> Daily Dividend Option <input type="checkbox"/> Weekly Dividend Option* <input type="checkbox"/> Growth Option (Default Option - Growth Option)		
<input type="checkbox"/> UTI-Floating Rate Fund (STP)	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan (Default Option - Growth Option) <input type="checkbox"/> Daily Dividend Option <input type="checkbox"/> Weekly Dividend Option* <input type="checkbox"/> Growth Option		
<input type="checkbox"/> UTI-Fixed Maturity Plan (Use separate application form for each series) Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)			
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan (Default Plan - Regular Plan) <input type="checkbox"/> Yearly Series (YFMP) <input type="checkbox"/> Half Yearly Series (HFMP) <input type="checkbox"/> Quarterly Series (QFMP) (Rs. 1 crore and above default is Institutional) <input type="radio"/> Growth Option <input type="radio"/> Dividend Option (Default Option - Growth Option)			
<input type="checkbox"/> UTI-VIS-ILP	<input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option* (Default Option - Growth Option)		
* Please tick your option for Dividend Plan / Option / Sub-option <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment			
Investor opting for SIP, STRIP, UTI - STRIP Advantage, SWP & Trigger Facility may fill in Separate Form/s prescribed for the same & attach with this application form.			
DEMAT ACCOUNT DETAILS (only for UTI-Fixed Maturity Plan) (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant)			
NSDL		CDSL	
Depository Name			
DP ID IN			
Beneficiary Account No			
NOMINATION DETAILS			
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	Date of Birth (in case of nominee is a minor) <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	Name of the guardian	
Address		Address of guardian	
		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 herewith.			
DECLARATION AND SIGNATURE OF APPLICANT/s			
I / We have read and understood the contents of the Scheme Information Document 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 confirm that we are Non-Residents or 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			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Signature of 1st Applicant / Guardian Name of 1st Authorised Signatory		<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Signature of 2nd Applicant Name of 2nd Authorised Signatory	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Signature of 3rd Applicant Name of 3rd Authorised Signatory			
Designation _____		Designation _____	
Designation _____		Designation _____	

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the Registrar.
- 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. 040-23421944 to 47, Fax: 040-23115503, E-mail: uti@karvy.com