



**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)**

(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)

Sr. No. 2015/

Registrar Sr. No.

(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.	
ARN - 10520	S.Babu Arunachalam				E036140		

Upront 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 / 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	Folio Number:

#APPLICANT'S PERSONAL DETAILS	* Denotes Mandatory Fields
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s.	
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)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> 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
<input type="checkbox"/> Applicant's address as mentioned above (for NRIs) <input type="checkbox"/> At my Overseas address / <input type="checkbox"/> to be despatched to my resident relative's address in India as given above <input type="checkbox"/> Beneficiary's father/mother/guardian address under UTI-CCP (If no option is given, it will be sent to the address of beneficiary's father/mother/guardian)

*PAN OF 1st APPLICANT / BENEFICIARY CHILD/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)	Please (✓)
Enclosed copy of <input type="checkbox"/> PAN Card <input type="checkbox"/> KYC Compliance Proof* AADHAR Card No.	
*PAN No. OF HUF/SPOUSE Enclosed copy of <input type="checkbox"/> PAN Card <input type="checkbox"/> KYC Compliance Proof*	

DETAILS OF OTHER APPLICANTS (Not Applicable under UTI-ULIP)
Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> 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)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> 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 (CML)  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 _____ City _____ *Pin _____	MICR Code _____ (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 AND PAYMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Scheme, Plan / Option given below) (refer instruction 'j' & 'y') 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"/> 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)

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

**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  HUF

# 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 ₹ 2 lacs and above in case of payments through 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  Minor through guardian  HUF  Partnership  Trust  Sole Proprietorship  
 Society  Body Corporate  AOP  BOI  FPI  NRI  
 Foreign Nationals\*\*  Listed Company  Unlisted 'Not for Profit'^^ Company  Other Unlisted Company  
 Others (Please specify) \_\_\_\_\_

**## 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.**  
**^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).**

**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

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

**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)

(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:** \_\_\_\_\_

**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)

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 (C) **Any other information:** \_\_\_\_\_

**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)

(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)

(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:** \_\_\_\_\_

**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  
 (Name of the Country)  
 Beneficiary Child  Beneficiary Child  and of Indian Origin  
 (Name of the Country)  
 Alternate Child  Alternate Child  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' & 'y')**

Target Amount (₹)  Mode of contribution  Yrly  Half Yrly  SIP / Micro SIP Age in Yrs  Sex  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.  
 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. (Please strike off if the same is not acceptable).  
 I hereby declare that an aggregate target amount of all my memberships in force including the one being now applicable for does not exceeds ₹ 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.

**Particulars of health:**

(A) Am I in sound health:  YES  NO (If No, investment under UTI-ULIP is not permissible)  
 (B) Have I ever suffered from any of the following:  NO  YES (If yes, please tick from the following) (If suffering from any of the following ailments, application will be liable for rejection)  
 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 \_\_\_\_\_ (Enclose the Certificate of deformity)  
 (ii) the extent of deformity \_\_\_\_\_ (iii) the present condition \_\_\_\_\_ (iv) 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. 2015/**

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 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**

Stamp of UTI AMC Office /  
 Authorised Collection Centre

