



(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

TIME STAMP

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN / RIA No.^	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.

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 'w').

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 If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

APPLICANT'S PERSONAL DETAILS ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. * Denotes Mandatory Fields

	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	

[illegible]

*PAN/PEKR\$ OF 1st APPLICANT (whose particulars are furnished in the form)										AADHAAR CARD NO.																			
Enclosed										PAN/PEKR\$ Card/ID Proof Copy										Know Your Customer (KYC)* Acknowledgement Copy Please (✓)									

[illegible]

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UBF / MIS / MUS)

Mr. Ms. Mrs.

(Refer instruction f)

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. *PAN/PEKRN of 2nd Applicant	Date of Birth of 2nd Applicant	<div style="border: 1px solid black; padding: 2px;"> d d m m y y y y y y </div>
<div style="border: 1px solid black; padding: 2px;"> F I R S T M I D D L E L A S T </div>		
AADHAAR CARD NO.		
<div style="border: 1px solid black; padding: 2px;"> Enclosed <input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓) </div>		

Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s. *PAN/PEKRN of 3rd Applicant	Date of Birth of 3rd Applicant	<div style="border: 1px solid black; padding: 2px;"> d d m m y y y y y y </div>
<div style="border: 1px solid black; padding: 2px;"> F I R S T M I D D L E L A S T </div>		
AADHAAR CARD NO.		
<div style="border: 1px solid black; padding: 2px;"> Enclosed <input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓) </div>		

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'a')

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standards) (Refer Instruction 'y')

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)		<input type="checkbox"/> Cash		Account type (please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE
Account No.					<input type="checkbox"/> NRO	<input type="checkbox"/> DD issued from abroad	
Date		Amt. of investment (i)		<input type="checkbox"/> UTI Smart Form (OTM) if already registered (Applicable for existing investors)			
Bank		DD Charges if any (ii)		# 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"			
Branch		Net amount paid (i-ii)		✦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.			
Amt. in words							

(Available under all scheme except UTI-CRTS, UTI-MUS & UTI-FMP)

[illegible]

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

STATUS:	<input type="checkbox"/> Resident Individual	<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/Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
	<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals**	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
	<input type="checkbox"/> Unlisted 'Not for Profit'^^ Company		<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO	
	<input type="checkbox"/> Others (Please specify)				

MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) Any other information:

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^s Cheques and drafts are subject to realisation.

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

☐ 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 <input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/> <input type="text" value="yy"/> (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

Sign.
here

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

• 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)

☐ Through email[∞] ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above[®] ☐ To be dispatched to my resident relative's address in India as mentioned above[®]

[∞] 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.

® Applicable to NRIs

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

Sign.
here
→

Signature of 1st Applicant / Guardian / POA^^
Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^^
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^^
Name of 3rd Authorised Signatory

Designation

Designation

Designation

^^ Power of Attorney (POA) Registration No. (if already registered) (Refer instruction 'AA')

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 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