

## COMMON APPLICATION FORM FOR INCOME SCHEMES

v.	 v.	20	•	v	

o i i mataan i ama	(OCD A ARE NOT ALLOWER TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI	RAI
1 1 1 1 1 1 1 1	(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI	IVIT
ag, ek behtar zindagi ka.	,	

TIME STAMP

Please read instructions carefully before filling the form and use <u>BLOCK LETTERS</u> or	ıly)
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Registrar Sr. No.

ARN / RIA No.^	Name of Final	ncial Adviso	or Si	ub ARN Code		ub Code/ Branch Code	МО	Code	EUI No.@	UTI RM No.		
1												
A By montioning	PIA codo I/wo s		ou to sk	haro with the	Invoct	tmont Advis	or the det	aile of m	ny/our transaction			
Upfront commissivarious factors in	sion shall be pain ncluding the ser n that the EUIN personnel concer	d directly b vice render box is inte rned or not	by the in red by the intionally withstar	nvestor to the he distribute y left blank l nding the ad	e AMFI or. oy me/u vice of	/ NISM certi us as this is in-appropri	fied UTI N an "exec ateness, i	MF regist cution-or f any, pr	ered Distributors  aly" transaction wovided by such d  EUIN box is left b	based on the inv rithout any intera istributor person	ction or advice nel and the dist	by the
Signa	ture of 1st Applica	nt / Guardiar	1		Sign	nature of 2nd	Applicant			Signature of 3rd Ap	plicant	
TRANSACTION C	HARGES TO BE PA	AID TO THE	DISTRIB	UTOR (Please	tick any	one of the bel	ow)				(Refer Instru	ction 'i')
	TIME INVESTOR IN MU			-67.40.000		OR			IG INVESTOR IN MUTUA		7 40 000 and about	_
	led as transaction ch older information					AN & KYC va			as transaction charge ention your Folio Nu	· · · · · · · · · · · · · · · · · · ·	TU,000 and above	<u> </u>
									,			
	PERSONAL DET		Mr	Ms.	Mrs.	M/s.	ılt Famala l	D	/Fam MUS) /aa aaaa		otes Mandatory I	Fields
Name of First Ap	F     R	entally Hand	исарреа	Persons (for	ORF / N	VIIS) and Adu	iit Female	Persons	(For MUS) (as appea	aring in ID proof given	for KYC)	
						Date of Bi	rth d		n m y y	у у М	andatory for min	ors
	,	not repeat t	the name	e) <b>Name &amp; A</b>	ddres	s of resider	nt relative	in India	(for NRIs) (P.O. E	Box No. is not suff	icient)	
Village/Flat/Bldg Street/Road/Area												
City/Town*					State					Pin*		
*PAN/PEKRN\$	OF 1st APPLIC	ANT (whose	e particula	ars are furnishe	d in the	form) AA	DHAAR CA	RD NO.				
				Enclosed	PA	N/PEKRN Card	d/ID Proof Co	ору	Know Your Customer	(KYC)* Acknowledger	nent Copy Please (	<b>√</b> )
OVERSEAS AD	DRESS (Overse	as address	is mand	latory for NRI	/ FPI a	pplicants in a	addition to	mailing a	address in India)			
									077.4			
State						Country*			City*	p/Pin*		
Mr. Ms		) MOTHER/ (	GUARDIA	(If Minor)\$\$	Contact	t Person And D	Designation -	For Institu	utional Applicants / Alt	ternate Applicant (in o	ase of UBF / MIS /	/ MUS)
IVII. IVII.	IVII 3.											
\$\$ Proof of data o	f hirth and proof of	rolationship	with min	or to be attach	od or ole	so sign the de	aclaration o	n the rove	oreo		(Refer instru	otion f)
φφ P100i Oi date 0	f birth and proof of	relationship	WILLITIII	or to be attach	eu or er	se sign the de	eciaration o	ii uie ieve	e15e		(Relei Ilistiu	iction i)
DETAILS OF O	THER APPLICA	NTS										
Name of 2nd	Applicant	Mr. M	s. 🔲 I	Mrs. M	s.		Date of B	irth of 2n	d Applicant			
*PAN/PEKRN	of 2nd Applicar	T   nt				D L AADI	HAAR CAI	SD NO				
		<u> </u>		Enclosed	PAI	N/PEKRN Card			Know Your Customer	(KYC)* Acknowledgen	nent Copy Please (1	<b>/</b> )
Name of 3rd	Applicant	Mr. M	ls.	Mrs. M	/s.		Date of E	Birth of 3r	d Applicant			
*PAN/PEKRN	of 3rd Applica	ınt				D L AADI	HAAR CAI	RD NO				
				Enclosed	PAN	N/PEKRN Card			Know Your Customer (	KYC)* Acknowledgen	ent Copy Please (*	<b>/</b> )
\$ Required for MI	CRO Investment up	pto ₹ 50,000	/ (refer i	instruction 'q')								
PAYMENT DET	AILS (Please er	nsure that th	e cheque	e complies to	the CTS	6 2010 standa	ards)				(Refer Instruc	ction 'y')
#Cheque/DD/NEFT/	*RTGS Ref. No.								0.1.4	Savings	Current N	NRE
/ Unique Serial No.									Cash Account type (please ✓)	NRO	DD issued from	
Account No.				mt of investmen	nt (i)					nart Form (OTM) if	already registere	
Date Bank				.mt. of investme DD Charges if a					# Please	icable for existing i e mention the applic	ation No. on the r	
Branch				let amount paid					/ DD n	cheque / DD, NEFT nust be drawn in fa	avour of "The Na	ame of
Amt. in words			.,,	aount palu	v "/					heme" & crossed ment amount sha		-
										e of payments thi		

BANK PARTIC	ULARS OF 1	ST APPLICANT (Mandat	tory as per SEBI (	Guidelines)						
Bank Name		•		,	Branch	Branch				
Address					MICR (	MICR Code				
	City		Piı	n*		(this is a 9-digit number next to your cheque number)				
Account type (p	please ✓)	Savings Current	NRO NR	E	IFS Co	IFS Code				
Account No.					(this is	a 11-digit number)				
		R "DIRECT PLAN" PLEAS DRM FOR EACH SCHEME	E TICK HERE	TICK SCHEME, PLA	N/OPTION / SUB	-OPTION GIVEN BE	LOW) (Refer Instruction 'j')			
UTI-CRTS		UTI-GILT ADVANTAGE F	UND-LTP UTI-	MAHILA UNIT SCHE	ME UTI-MO	NTHLY INCOME SC	HEME			
		Growth	ODivid	lend Payout	Olividen	d Reinvestment	(Default-Growth Option/Plan)			
UTI-G-SEC I	FUND-STP (	Growth Daily	Dividend Reinvestm	nent Period	ic Dividend Payo	ut Periodi	c Dividend Reinvestment			
							(Default-Growth Option)			
UTI-MIS-AD		Growth Plan	_	thly Div. Plan Payout		Monthly Div. Plan Reinvestment				
		) Flexi Div. Plan Payout		Div. Plan Reinvestme		/ Payment Plan	(Default-Growth Plan)			
UII-BANKIN	NG & PSU DEI	_	OME OPPORTUNI	_		M INCOME FUND				
		) Growth ) Quarterly Div. Payout	_	thly Div. Payout rterly Div. Reinvestmer		Div. Reinvestment arly Div. Payout				
		Half Yearly Div. Reinvestr	_	ual Div. Payout	_	Div. Reinvestment				
	_	Flexi Div. Payout	_	Div. Reinvestment			(Default-Growth Option/Sub Option ere the default is Qtly. Div. Sub Option)			
UTI-BOND F		UTI-DYNAMIC BOND FU				•	, , , ,			
_		Growth	Qua	rterly Div. Payout	Quarter	ly Div. Reinvestment				
		Half Yearly Div. Payout	◯ Half	Yearly Div. Reinvestm	ent OAnnual	Div. Payout				
		Annual Div. Reinvestmen	t Flexi	Div. Payout	○ Flexi D	v. Reinvestment	(Default-Growth Option)			
	NG RATE FU		CASH PLAN	UTI-MONEY MARK	ET FUND	UTI-TREASURY AD	VANTAGE FUND			
UTI-MEDIUN	M TERM FUND	Growth	○ Daily	Div. Reinvestment <sup>&amp;&amp;&amp;</sup>	√ Weekly	Div. Payout <sup>&amp;&amp;</sup>				
		Weekly Div. Reinvestmen	_	nightly Div. Payout <sup>&amp;&amp;&amp;</sup>		htly Div. Reinvestmen	t <sup>&amp;&amp;&amp;</sup>			
		Monthly Div. Payout		thly Div. Reinvestment	Quarter	Quarterly Div. Payout				
	_	Quarterly Div. Reinvestme		Yearly Div. Payout	_	arly Div. Reinvestmer	t			
	_	Annual Div. Payout	○Annı	ual Div. Reinvestment	_	(Default-Growth Option under UTI-FRF, UTI-MMF & UTI-MTF)				
		) Flexi Div. Reinvestment					stment under UTI-LCP & UTI-TAF)			
Please Note:										
•		otion <b>NOT</b> available under U it, Weekly Div. Reinvestmer	•				e under UTI-Medium Term Fund			
		various Options / Sub Opti								
	MATURITY PL Ite form for ea		ES (YFMP)	HALF YEARLY SERII	ES (HFMP)	QUARTERLY SER	IES (QFMP)			
(	_	Growth	○ Divid	lend Payout	○ Dividen	d Reinvestment	(Default-Growth Option)			
Cheque / DD sh	ould be drawn	in favour of UTI-Fixed Mat	urity Plan – YFMP (ı	mm/yy) / HFMP (mm/y	y) / QFMP (mm/y	y-Plan No.)	. ,			
Details of Be	eneficial Ov	nership (Please tick a	applicable categ	ory). Ownership d	etails to be pr	ovided if the Ow	nership percentage/interest			
any Benefici	ary is as pe	r the threshold limit p	rovided below. D	etails to be provide	led for each si	uch beneficiary.				
							(Refer instruction q)			
Categ	ory	Unlisted	Partnershi	n   Ilnine	orporated	Trust	Foreign			
•		company	Firm		iation/Body of		Investor \$\$\$			
				Indivi	duals					
Ownership pe @@@	er cent	>25%	>15%		>15%	>=15%				
	ship percenta	de of shares/capital/pro	l fits/property of jur	idical person/interes	st in the Trust a	s on the date of th	e application shall be furnished			
by the investor.		g		,			F F			
	-		· · · · · · · · · · · · · · · · · · ·	•	-		to SAI/relevant Addendum.			
In case of any immediately ab	•	•	o, the investor wi	Il be responsible to	intimate UTI	AMC / its Registra	r / KRA as may be applicable			
•				this format if the a		a incufficient)				
Details of Berie	incial Owners	ship (Please attach a se	parate sneet with	this format if the s	· · ·	tails of Identity				
Sr. No.	Name			Address		uch as PAN /	% of ownership			
						Passport				
1										
2										
3										
[Please attach	self attested	copy of PAN/Passport (	proof of photo ide	entity) along with ap	plication form]					

Unitholding Option		Demat Mode	Physical N	Mode	(Ava	ailable unde	er all scheme	e except UTI-C	RTS, UTI-MUS	S & UTI-FMP)
<b>DEMAT ACCOUNT DETAILS</b> - 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 Depositor	·			entral	1					
Securities DP ID No				epository	Depository Na	me				
Depository				rvices	Target ID No.					
Limited Beneficia Account I	,			idia) nited						
	lient Master List (C		ction cum Holding State		Delivery Inst	<u> </u>	· ,			
the following persor			ole to communicate act details.	with me	/us at my / our	registered	address, I /	we authorize		respond with struction - k)
Name F	R S 7	т	M I D	D L	E				L A S	Т
Address:										
Relationship with the ap	plicant (optional)		Email			Mobile				
GENERAL INFOR	MATION - Pleas	se (√) wherever a	applicable							
STATUS:	Resident II		linor through guardia	n 🔲	HUF		Partnersh	nip	Trust	
	Sole Propr FPI Unlisted 'N	rietorship   So   Ni   Not for Profit'^^ Con			Body Corporat Foreign Nationa Other Unlisted C	als##	AOP Listed Co PIO	ompany	☐ BOI	
	Others (Pleased to invest	ease specify)st in units of any	of the schemes of l							
^^ 'Not for Profit'	Company as de	_	panies Act (Act of tudent	1956/20			Self-empl	loved	Profes	sional
OCCUPATION.	Housewife Forex Deal	☐ Re	etired thers (Please speci	fy)	Agriculture Private Sector S	Service _		ctor Service		ment Service
MODE OF HOLDING:	Single	□ Ar	nyone or survivor		Joint		First hold	ler or Survivor	(for UTI MUS)	
MARITAL STATUS:	Unmarried	I M	arried		Wedding Anni	versary 🔲	D M M			
OTHER DETAILS (	MANDATORY)		FOR II	NDIVIDU	JALS ONLY					
1st Applicant:	(A) Gross A	nnual Income Det	tails Please tick (✓)							
	☐ Belo	ow 1 Lac	1-5 lacs		5-10 Lacs	☐ 10-2	25 Lacs	☐ >25 Lacs -	1 Crore	>1 Crore
Net-worth in ₹		(Net worth shoul	d not be older than 1	[OR vear)	<b>(</b> ]	as on	n (date)		V V V V	
Net-worth in C		ick if applicable:	_		son (PEP)	Rela	ated to a Pol	ا /لسلسا / السلا litically Expose f PEP, please r	d Person (PEP efer instruction	') 'x').
2 <sup>nd</sup> Applicant:		er information: .nnual Income Det	taile							
2 Applicant.		ow 1 Lac		[OR	5-10 Lacs	☐ 10-2	25 Lacs	□ >25 Lacs -	1 Crore	>1 Crore
Net-worth in ₹		(Net worth shoul	d not be older than 1	-	•	as or	n (date)	D/MM/	YYYY	
	(B) Please ti		☐ Politically Expo		son (PEP)		` '	litically Expose	d Person (PEP	')
Ord A It		er information:								
3 <sup>rd</sup> Applicant:	` ' —	nnual Income Det	alis  1-5 lacs	Г	5-10 Lacs	☐ 10.2	25 Lacs	>25 Lace	1 Crore	>1 Croro
	□ bek			[OR		L 10-2	.5 Lacs L	_ ^20 Lacs -	TOIOIE _	> 1 Olole
Net-worth in ₹			d not be older than 1				n (date)	D/MM/	YYYY	
		ck if applicable: er information:	☐ Politically Expo	sed Per	son (PEP)	☐ Rela	ated to a Pol	litically Expose	d Person (PEP	)
	(S) Ally Oth	omudon	FOR NO	N-INDIV	IDUALS ONLY					
	(A) Gross A	nnual Income Det						_		
	Belo	ow 1 Lac	1-5 lacs		5-10 Lacs	☐ 10-2	25 Lacs	>25 Lacs -	1 Crore	>1 Crore
Net-worth in ₹		(Net worth shoul	d not be older than 1	[OR vear)	()	as or	n (date)	D/MM/	YYYY	
	(B) Is the enti		iding any or the follow		ces		` /			
			inger Services YES			mbling/Lotter	y Services (e.g	. casinos, betting s	syndicates) 🗌 YE	ES NO
	•	.ending / Pawning er information:	☐ YES	S L NC	)					
	(c) 7y c								9/	
									— —	
UTI Mutual Fund Hag, ek behtar zindagi t	ka.				EDGEMEN <sup>*</sup> y the Applica		Sr. I	No. 2016/		
Received from Mr /										
An application und	er					(scher	me name)			
along with Cheque <sup>s</sup> /D						(56166				
Ref. No./Unique Seria				d	ated					
Drawn on (Bank)								Stam	p of UTI AMC (	Office/
for ₹ (in figures)									ised Collection	
<sup>\$</sup> Cheques and drafts	are subject to re	alisation.								

## Sign.

- 2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable 3. 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