



Hag ek behtar zindagi ka

COMMON APPLICATION FORM FOR INCOME SCHEMES

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

Sr.No. 2016/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

(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.	

^ By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

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 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 inappropriateness, 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 box is left blank) (refer instruction 'w').

Signature of 1st Applicant / 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')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

OR

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

Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS) (as appearing in ID proof given for KYC)

F	I	R	S	T	M	I	D	D	L	E
L	A	S	T	d	d	m	m	y	y	y

Date of Birth Mandatory for minors

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*

*PAN/PEKRN\$ OF 1st APPLICANT (whose particulars are furnished in the form)

AADHAAR CARD NO.

Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

State	Country*	City*	Zip/Pin*
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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.

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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\$\$ 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)

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. M/s.

Date of Birth of 2nd Applicant d d m m y y y y

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

*PAN/PEKRN of 2nd Applicant

AADHAAR CARD NO.

Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

Name of 3rd Applicant Mr. Ms. Mrs. M/s.

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

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

*PAN/PEKRN of 3rd Applicant

AADHAAR CARD NO.

Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

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

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standards)

(Refer Instruction 'y')

#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.

UTI Smart Form (OTM) if already registered
(Applicable for existing investors)

Date Amt. of investment (i)

Bank DD Charges if any (ii)

Branch Net amount paid (i-ii)

Amt. in words

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"
* Investment amount shall be ₹ 2 lacs and above
in case of payments through RTGS.

BANK PARTICULARS OF 1ST APPLICANT (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
Account No.				IFS Code _____ (this is a 11-digit number)

INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')
PLEASE USE SEPARATE FORM FOR EACH SCHEME

<input type="checkbox"/> UTI-CRTS	<input type="checkbox"/> UTI-GILT ADVANTAGE FUND-LTP	<input type="checkbox"/> UTI-MAHILA UNIT SCHEME	<input type="checkbox"/> UTI-MONTHLY INCOME SCHEME	
<input type="radio"/> Growth	<input type="radio"/> Dividend Payout	<input type="radio"/> Dividend Reinvestment	(Default-Growth Option/Plan)	
<input type="checkbox"/> UTI-G-SEC FUND-STP	<input type="radio"/> Growth	<input type="radio"/> Daily Dividend Reinvestment	<input type="radio"/> Periodic Dividend Payout	<input type="radio"/> Periodic Dividend Reinvestment
<input type="checkbox"/> UTI-MIS-ADVANTAGE PLAN	<input type="radio"/> Growth Plan	<input type="radio"/> Monthly Div. Plan Payout	<input type="radio"/> Monthly Div. Plan Reinvestment	
	<input type="radio"/> Flexi Div. Plan Payout	<input type="radio"/> Flexi Div. Plan Reinvestment	<input type="radio"/> Monthly Payment Plan	(Default-Growth Plan)
<input type="checkbox"/> UTI-BANKING & PSU DEBT FUND	<input type="checkbox"/> UTI-INCOME OPPORTUNITIES FUND	<input type="checkbox"/> UTI-SHORT TERM INCOME FUND		
<input type="radio"/> Growth	<input type="radio"/> Monthly Div. Payout	<input type="radio"/> Monthly Div. Reinvestment		
<input type="radio"/> Quarterly Div. Payout	<input type="radio"/> Quarterly Div. Reinvestment	<input type="radio"/> Half Yearly Div. Payout		
<input type="radio"/> Half Yearly Div. Reinvestment	<input type="radio"/> Annual Div. Payout	<input type="radio"/> Annual Div. Reinvestment		
<input type="radio"/> Flexi Div. Payout	<input type="radio"/> Flexi Div. Reinvestment			(Default-Growth Option/Sub Option except for UTI-STIF where the default is Qty. Div. Sub Option)
<input type="checkbox"/> UTI-BOND FUND	<input type="checkbox"/> UTI-DYNAMIC BOND FUND			
<input type="radio"/> Growth	<input type="radio"/> Quarterly Div. Payout	<input type="radio"/> Quarterly Div. Reinvestment		
<input type="radio"/> Half Yearly Div. Payout	<input type="radio"/> Half Yearly Div. Reinvestment	<input type="radio"/> Annual Div. Payout		
<input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Flexi Div. Payout	<input type="radio"/> Flexi Div. Reinvestment		(Default-Growth Option)
<input type="checkbox"/> UTI-FLOATING RATE FUND-STP	<input type="checkbox"/> UTI-LIQUID CASH PLAN	<input type="checkbox"/> UTI-MONEY MARKET FUND	<input type="checkbox"/> UTI-TREASURY ADVANTAGE FUND	
<input type="checkbox"/> UTI-MEDIUM TERM FUND	<input type="radio"/> Growth	<input type="radio"/> Daily Div. Reinvestment ^{¶¶}	<input type="radio"/> Weekly Div. Payout ^{¶¶}	
	<input type="radio"/> Weekly Div. Reinvestment ^{¶¶}	<input type="radio"/> Fortnightly Div. Payout ^{¶¶}	<input type="radio"/> Fortnightly Div. Reinvestment ^{¶¶}	
	<input type="radio"/> Monthly Div. Payout	<input type="radio"/> Monthly Div. Reinvestment	<input type="radio"/> Quarterly Div. Payout	
	<input type="radio"/> Quarterly Div. Reinvestment	<input type="radio"/> Half Yearly Div. Payout	<input type="radio"/> Half Yearly Div. Reinvestment	
	<input type="radio"/> Annual Div. Payout	<input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Flexi Div. Payout	
	<input type="radio"/> Flexi Div. Reinvestment			(Default-Growth Option under UTI-FRF, UTI-MMF & UTI-MTF) (Default-Daily Div. Reinvestment under UTI-LCP & UTI-TAF)

Please Note:

&& Weekly Div. Payout Option **NOT** available under UTI-Liquid Cash Plan, UTI-Floating Rate Fund-STP & UTI-Medium Term Fund
&&& Daily Div. Reinvestment, Weekly Div. Reinvestment, Fortnightly Div. Payout & Fortnightly Div. Reinvestment option are not available under UTI-Medium Term Fund
For Dividend Policy relating to various Options / Sub Options, please refer to SID.

<input type="checkbox"/> UTI-FIXED MATURITY PLAN	<input type="checkbox"/> YEARLY SERIES (YFMP) (Use separate form for each series)	<input type="checkbox"/> HALF YEARLY SERIES (HFMP)	<input type="checkbox"/> QUARTERLY SERIES (QFMP)	
	<input type="radio"/> Growth	<input type="radio"/> Dividend Payout	<input type="radio"/> Dividend Reinvestment	(Default-Growth Option)

Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary.

(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				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

Unitholding Option

 Demat Mode Physical Mode

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

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 Depository Name _____
 Securities DP ID No. _____
 Depository Limited Beneficiary _____
 Account No. _____

Central
Depository
Services
(India)
Limited

Depository Name _____
 Target ID No. _____

Enclosures : Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

FRIEND IN NEED DETAILS - 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.
 (refer instruction - k)

Name _____
 Address: _____
 Relationship with the applicant (optional) _____ Email _____ Mobile _____

GENERAL INFORMATION - Please (✓) wherever applicable

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"/> Others (Please specify) _____	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO	

OCBs 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:	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please 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)	
MARITAL STATUS:	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Wedding Anniversary	<input type="checkbox"/> D D	<input type="checkbox"/> M M

OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

1st 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) D D / M M / Y Y Y Y Y

(B) Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 (C) Any other information: _____ (For definition of PEP, please refer instruction 'x').

2nd 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) D D / M M / Y Y Y Y Y

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

3rd 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) D D / M M / Y Y Y Y Y

(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) D D / M M / Y Y Y Y Y

(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: _____



Haq, ek boktar zindagi ka.

Received from Mr / Ms / M/s _____

An application under _____ (scheme name)

along with Cheque^s/DD^s/NEFT/RTGS
 Ref. No./Unique Serial No. (For Cash) _____

Drawn on (Bank)
 for ₹ (in figures) _____

ACKNOWLEDGEMENT
 (To be filled in by the Applicant)

Sr. No. 2016/

Stamp of UTI AMC Office/
 Authorised Collection Centre

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

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

If **No**, please tick here: First Applicant Second Applicant Third ApplicantIf **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.**NOMINATION DETAILS (Please ✓) (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 <u> d d m m y y y y y</u> (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

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Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

Sign.
here**DECLARATION AND SIGNATURE OF APPLICANT/s**

- 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)

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)

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 style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px;" type="text"/>	Tel. (R) <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px;" type="text"/> STD CODE <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px;" type="text"/>	Tel. (O) <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px;" type="text"/> STD CODE <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px;" type="text"/>
*E-mail <input style="width: 300px; height: 15px; border: 1px solid black; border-radius: 5px;" type="text"/> Alternate E-mail <input style="width: 300px; height: 15px; border: 1px solid black; border-radius: 5px;" type="text"/>			

Sign.
hereSignature of 1st Applicant / Guardian / POA^{^^}
Name of 1st Authorised SignatorySignature of 2nd Applicant / POA^{^^}
Name of 2nd Authorised SignatorySignature of 3rd Applicant / POA^{^^}
Name of 3rd Authorised SignatoryDesignation 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 :