

## **COMMON APPLICATION FORM FOR INCOME SCHEMES**

PLEASE USE SEPARATE FORM FOR EACH SCHEME

Sr.No. 2014/

(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)

Registrar Sr. No.

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY (PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

DISTRIBUTOR IN	NFORMATIO	N (only em	panelled D	Distributors/Bro	kers will	be permitted to	o distribute	Units) (ı	refer instr	uction 'h')		BDA / CA Code
ARN	Name of	Financial A	dvisor	Sub ARN Co		Sub Code/		Code	EU	l No.@	UTI RM No.	
					Dalli	Research Code						
					41	-1 / NIION	C	45	1			
vårious factors ir    I/We confirm  distributor p	ncluding the that the E ersonnel co	service r UIN box is incerned o	endered b s intention or notwith	by the distrib nally left blar standing the	utor. k by me advice (	e/us as this is	an "exec	cution-or	nly" tran	saction w	ithout any inter	vestors' assessment of action or advice by the nnel and the distributor uction 'v').
Signa	ture of 1st Ap	plicant / Gu	ardian		Si	gnature of 2nd	Applicant				Signature of 3rd	Applicant
TRANSACTION C	HARGES TO I	BE PAID TO	THE DIST	RIBUTOR (Plea	se tick ar	ny one of the belo	ow) (Refer I	nstruction	ı 'i')			
I AM A FIRST	TIME INVESTOR	IN MUTUAL F	UNDS			OR	IAM	AN EXISTIN	NG INVESTO	OR IN MUTUAL	LFUNDS	
₹ 150 will be deduct	ted as transacti	on charges	per Subscrip	tion of ₹ 10,000	and above		₹ 100 will b	e deducted	d as transa	action charge	s per Subscription	of ₹ 10,000 and above
Existing Unit Holder	information		Schem	ne Name:				Folio	o Number:			
APPLICANT'S F	PERSONAL	DETAILS	В М	r. Ms.	Mrs.	M/s.					* De	notes Mandatory Fields
Name of First Ap	plicant / Othe	er Mentally	Handicap	ped Persons (	for UBF	/ MIS) and Adu	ılt Female	Persons	(For MUS	S) (as appea	ring in ID proof give	en for KYC)
			T									
			S T			Date of Bi	rth d			у у	у у	Mandatory for minors
First Applicant'	's Address (	(Do not re	peat the n	ame) Name	& Addre	ss of resider	nt relative	in India	a (for NR	ls) (P.O. E	Box No. is not su	fficient)
Village/Flat/Bldg	./Plot*											
Street/Road/Area	a/Post											
City/Town*					Sta	te					Pin*	
*PAN OF 1st A	APPLICAN1	Γ (whose	particular	s are furnish	ed in th	e form) A	ADHAR CA	RD NO.				
				Encl	osed	PAN Card (	Сору	Know	Your Cus	tomer (KY	C)* Acknowledge	ment Copy Please (√)
OVERSEAS AD	DRESS (Ov	erseas add	dress is m	andatory for N	RI / FII a	applicants in a	ddition to	mailing a	ddress ir	n India)		
1												
									City*			
State						Country*				Ziį	p/Pin*	
NAME IN FULL OF		` '		*	, .	ınt ( incase of Ul	BF/MIS/I	MUS)				☐ Mr. ☐ Ms. ☐ Mrs.
l I I F		SIT		l I M I								
\$ Proof of date of	hirth and proo	of relation	nshin with n	ninor to be atta	hed or e	lse sign the dec	claration on	the reve	rse ( Refe	r instruction	n f)	1 . 1 . 1
y i looi oi date oi i	birtir arid proo	or relation	ISIND WILLI II	illior to be atta	Siled Of E	ise sign the dec	Jaration on	uic ieve	ise ( ixele	i ilisti uctioi	11).	
OPTION FOR D	ESPATCH (	OF STATE	MENT OF	FACCOUNT								
Applicant	's address	(for NR	ls)	At my Oversea	s address	s as mentioned a	above /	To be	despatch	ed to my res	sident relative's add	ress in India as given above
DETAILS OF O	THER APPL	ICANTS										
Name of 2nd	Applicant	Mr.	Ms.	Mrs.	M/s.		Date of E	irth of 2n	nd Applica	ant d		_ y y y y y
F	I R	S   T		M								AST
*PAN of 2nd A	pplicant			Fasts	4		DHAR CA		( Ot		1)* A - l	
				Enclo		PAN Card C					s)* Acknowledgen	nent Copy Please (✔)
Name of 3rd A	Applicant L	Mr. ∟	Ms. ∟	Mrs	M/s.				rd Applica	1111 <u>u</u>		
*PAN of 3rd A	pplicant					AAI	DHAR CA	RD NO.				
				Enclo	sed	PAN Card Co			our Custo	omer (KYC	)* Acknowledgen	nent Copy Please (✓)
PAYMENT DETA	AILS (Refer I	nstruction 'x	x')									
#Cheque/DD/*NEF7 / Unique Serial No. (		No								ccount type lease ✓)	Savings	Current NRE  DD issued from abroad
Account No.									."	,		
Date				Amt. of inves	ment (i)					of the che	eque / DD, NEFT	cation No. on the reverse / RTGS advice. Cheque
Bank				DD Charges	f any (ii)						t be drawn in favor & crossed "A/c	our of "The Name of the Payee Only"
Branch				Net amount p	aid (i-ii)							all be ₹ 2 lacs and above
Amt. in words												ugh NEFT / RTGS.

DANK BARRAWARA	F 40= -	DDI IOANE (1)	-1	TDI C : : :					
BANK PARTICULARS O	F 1ST A	APPLICANT (Manda	atory as per SE	BI Guidel	ines)				
Bank Name						Branch			
Address						MICR Code (this is a 9-c		your cheque number)	
City			Pin*			IFS Code (this is a 11	-digit number)		
Account type (please ✓)	□s	avings	ırrent	NRO	□NRE				
Account No.									
INVESTMENT DETAILS	(For "DI	RECT PLAN" Plea	se tick here	& tick S	cheme, Plan / Optic	n given be	elow) (Refer instru	uction 'j')	
UTI-BANKING & PSU DI	BT FUN	D - REGULAR PLAN	UTI-BONE	FUND	□UT	I-CRTS	[	UTI-DYNAMIC BOND	FUND
UTI-INCOME OPPORTUN	IITIES FL	JND Growth	UTI-MAHI	LA UNIT S	_		Reinvestment	(Default – Gro	owth Option)
UTI-FIXED MATURITY PLA Regular Plan (Use separate form for eac			ИР)		early Series (HFMP) d Payout	· ·	y Series (QFMP) I Reinvestment		
Cheque / DD should be	drawn in	favour of UTI-Fixed	Maturity Plan – \	YFMP (mm	/yy) / HFMP (mm/yy) /	QFMP (mm/	yy-Plan No.)	(Default – Gro	owth Option)
UTI-FLOATING RATE FUND Regular Plan	) (STP) -	Growth Flexi Dividend Payo	out		iv. Reinvestment vidend Reinvestment	O Weekly D	Div. Reinvestment	(Default – Gro	owth Option)
UTI-G-SEC FUND-(STP)		<ul><li>○ Growth</li><li>○ Periodic Dividence</li></ul>	d Payout	-	Dividend Reinvestment ic Dividend Reinvestme	ent		(Default – Gro	wth Option)
UTI-GILT ADVANTAGE FU	JND-LTP	O Growth Plan		O Divider	nd Plan Payout	○ Dividend	I Plan Reinvestment	(Default – G	Growth Plan)
UTI-LIQUID CASH PLAN-		Growth Monthly Payout			v. Reinvestment Reinvestment	O Weekly [	Div. Reinvestment	(Default – Daily Div. Re	einvestment)
UTI-MIS-ADVANTAGE PLA	N	Growth Plan Flexi Dividend Plan	Payout		Div. Plan Payout vidend Plan Reinvestment		iv. Plan Reinvestment ayment Plan	(Default Plan - (	Growth Plan)
UTI-MONEY MARKET FUN	D -	Growth Weekly Div. Reinve	stment	O Daily Di	v. Reinvestment	O Weekly D	iv. Payout	(Default – Gr	rowth Option)
UTI-SHORT TERM INCOM Institutional Option	E FUND-	Growth Sub Option Flexi Dividend Payo			vout Sub Option ividend Reinvestment Sub		vestment Sub Option (	Default – Div. Reinvestment	: Sub Option)
UTI-TREASURY ADVANTA	GE FUND	Growth  Weekly Div. Reinv  Quarterly Div. Pay	out out	O Monthl	Div. Reinvestment y Div. Payout rly Div. Reinvestment	○ Weekly I ○ Monthly ○ Annual I	Div. Reinvestment	(Default – Daily	Div Ontion
		O Annuai Div. Reinvi	estment	Bonus	Option			(Default – Dally	DIV. Option)
Details of Beneficial C the trust of any Benef			•		•	•			
Category		Unlisted company	Partner Firm	ship	Unincorport Association Individuals		Trust	Foreign Investor \$	<b>\$\$\$</b>
Ownership per cent		>25%	>15%	%	>15%		>=15%		
@@@ Ownership percer	tage of	shares/capital/prof	l fits/property of	juridical <sub> </sub>	person/interest in th	ne Trust as	on the date of the	e application shall be	e furnished
by the investor. \$\$\$ In the case of Foreig	n invest	ors, the beneficial	ownership will	be deter	mined as per SFRI	quidelines	. For details refer	to SAI/relevant Adde	endum.
In case of any change in			-		•	-			
immediately about such o	hange.								
Details of Beneficial Own	ership (	Please attach a se	parate sheet w	vith this fo	ormat if the space p	1			
Sr. No.		Name			Address	su	ils of Identity ch as PAN / Passport	% of owners	ship
1 2									
3									
4									
5									
6									
[Please attach self atteste	ed copy	of PAN/Passport (	proof of photo	identity)	along with application	on form]			

Unitholding Option [1]	Demat Mode Physical Mod	de (Available under all scheme except UTI-CRTS, UTI-MUS & UTI-FMP)
		mentioned in the application form matches with that of the account held with any one
· ·	Account details are compulsory if demat r	**
National Depository Name	Centr	Bepeatery Hame
Securities  Depository DP ID No.	Depo	*
Limited Beneficiary	(India	
Account No.	Lilling	u
Enclosures : Client Master List (C	CMI) Transaction cum Holding Stateme	nt Delivery Instruction Slip (DIS)
,	nstruction - k) In case UTI MF is unable t son to ascertain my/our updated contact	o communicate with me/us at my / our registered address, I / we authorize UTI MF details.
Name F I R S 7	T MIDD	L E L A S T
Address:		
Relationship with the applicant (optional)	Email	Mobile
1 11 (1 )		Mobile
GENERAL INFORMATION - Pleas		United Company
STATUS: Reside	ent Individual Listed Company ership Trust	Unlisted Company
☐ AOP	ВОІ	☐ FII ☐ NRI ☐ Foreign Nationals*
Others	s (Please specify)	
OCCUPATION: Busine	ess Student	Agriculture Self-employed Professional
House		☐ Private Sector Service ☐ Public Sector Service ☐ Government Service
Forex [	Dealer Others (Please specif	y)
MODE OF HOLDING: Single	Anyone or survivor	☐ Joint ☐ First holder or Survivor (for UTI MUS)
MARITAL STATUS: Unmar	rried Married	☐ Wedding Anniversary ☐ ☐ ☐ M M
* OCBs & US persons including ( any of the schemes of UTI MF.	Qualified Foreign Investors registered i	n USA and Canada and residents of Canada are not allowed to invest in units of
OTHER DETAILS (For Individuals	Only	
Gross Annual Income Details		1-5 lacs
1. Gross Amidai income Details	Friedse tick (* )	[OR]
Net-worth in ₹	(Net worth should not be older than	as on (date) DD/MM/YYYY
2. Please tick if applicable:	Politically Exposed Person (PEP) (For definition of PEP, please refe	
3. Any other information:		
OTHER DETAILS (For Non-Individ	luals Only)	
Gross Annual Income Details	Please tick (✓) ☐ Below 1 Lac ☐	1-5 lacs
2. Net-worth in ₹	(Net worth should not be older that	an 1 year) as on (date) DD/MM/YYYY
3. Is the entity involved in / pro-	viding any or the following services	
Foreign Exchange / Money	•	☐ YES ☐ NO
<ul><li>Gaming / Gambling / Lotter</li><li>Money Lending / Pawning</li></ul>	ry Services (e.g. casinos, betting syndicate	es) YES NO
		- — — — — — — — — — — — — — — — — — — —
UTI Mutual Fund		VLEDGEMENT in by the Applicant) Sr. No. 2014/
Received from Mr / Ms / M/s		
An application under		(scheme name)
along with Cheque / DD No.\$/Cash		dated
Drawn on (Bank)		Stamp of UTI AMC Office/
for ₹ (in figures)  § Chaques and drafts are subject to re	valication	Authorised Collection Centre
s Cheques and drafts are subject to re	anoduun.	

Name and	Address of Nominee	1	To be furnished in case	e nominee is a minor
Name		1	Name of the guardian	
	th   d   d   m   m   y   y   y   y   ominee is a minor)	F	Address of guardian	
Address w	ith pin code	l l	Signature of Nominee / (	guardian
Investors wh	no wish to nominate two or three persons	may fill in the separate form pro	escribed for the same ar	nd attach it with this application form.
☐ I/We o	do not wish to nominate			
Signa	ature of 1st Applicant / Guardian	Signature of 2nd	Applicant	Signature of 3rd Applicant
ECLARAT	ION AND SIGNATURE OF APPLICAN	IT/s		
nformation bide by the his investre of We ha JTI MF/UT of servicing The ARN	n Memorandum, addenda issued to ne terms and conditions, rules and ment has been duly authorised by ve not received nor been induced I AMC to share my data furnished g, issue of account statement/con I holder has disclosed to me/us al	till date and apply to the T d regulations of the scheme y appropriate authorities in by any rebate or gifts, dire d in the Form to my distribus asolidated statement of acculting the	Trustee of UTI Mutual ne as on the date of in terms of all relevant ectly or indirectly in mutual butor and other serving count etc and cross form of trail commis	statement of Additional Information and al Fund as indicated above. I / We agree investment. I / We undertake to confirm int documents and procedural requirementaking investments. • I/We hereby authorice providers of the UTI MF for the purp selling of products/schemes of the UTI sion or any other mode), payable to him is being recommended to me/us. • I /
nformation bide by the his investre I / We ha JTI MF/UT of servicing The ARN the different confirm that thannels of locuments the minor of	n Memorandum, addenda issued to the terms and conditions, rules and ment has been duly authorised by we not received nor been induced. If AMC to share my data furnished g, issue of account statement/control holder has disclosed to me/us also to competing Schemes of various If the we are Non-Residents of Indian or from my / our NRE / NRO Accounts, if called for by UTI Mutual Fund.	till date and apply to the T d regulations of the scheme y appropriate authorities in by any rebate or gifts, dire d in the Form to my distribusolidated statement of acc Ill the commissions (in the Mutual Funds from among Nationality / Origin and the nt. I / We undertake to prov . (Applicable for NRIs) • I I n is made. The date of birth	Trustee of UTI Mutual te as on the date of in terms of all relevant ectly or indirectly in modulor and other servicuount etc and cross form of trail commissist which the Scheme at the funds are remitated further details of the hereby solemnly decth stated by me is tru	al Fund as indicated above. I / We agreen the work of the wore of the work of
nformation his investr I / We ha JTI MF/UT of servicing The ARN he different confirm that channels of locuments he minor con n support	n Memorandum, addenda issued to the terms and conditions, rules and ment has been duly authorised by we not received nor been induced. I AMC to share my data furnished g, issue of account statement/control holder has disclosed to me/us all the competing Schemes of various of the weare Non-Residents of Indian or from my / our NRE / NRO Accounts, if called for by UTI Mutual Fundation of the date of birth and relationsh	till date and apply to the Tid regulations of the scheme appropriate authorities in by any rebate or gifts, dired in the Form to my distribusolidated statement of accell the commissions (in the Mutual Funds from among Nationality / Origin and that I. I / We undertake to provusion is made. The date of birthip with minor child. (Strike	Trustee of UTI Mutual te as on the date of in terms of all relevant ectly or indirectly in modulor and other serviceount etc and cross form of trail commissist which the Scheme eat the funds are remited further details of hereby solemnly decth stated by me is true out if this declaration of characteristics.	al Fund as indicated above. I / We agreen the work of the wore of the work of
nformation his investr I / We ha JTI MF/UT of servicing The ARN he different confirm that channels of locuments he minor con n support	n Memorandum, addenda issued to the terms and conditions, rules and ment has been duly authorised by we not received nor been induced. I AMC to share my data furnished g, issue of account statement/control holder has disclosed to me/us also to competing Schemes of various to the are Non-Residents of Indian or from my / our NRE / NRO Accounts, if called for by UTI Mutual Fundation of the date of birth and relationshalt the Account Statement, Abridged Annual date of the date of the date of the date of the statement, Abridged Annual ment and control to the date of th	till date and apply to the Tid regulations of the scheme appropriate authorities in by any rebate or gifts, dired in the Form to my distribusolidated statement of accell the commissions (in the Mutual Funds from among Nationality / Origin and that I. I / We undertake to provusion is made. The date of birthip with minor child. (Strike	Trustee of UTI Mutualities as on the date of interms of all relevant ectly or indirectly in motion and other service count etc and cross form of trail commissist which the Scheme at the funds are remited further details of hereby solemnly decited that the funds are interested by me is true to out if this declaration of characteristics.	al Fund as indicated above. I / We agree investment. I / We undertake to confirm that documents and procedural requirementaking investments. • I/We hereby authorize providers of the UTI MF for the purp selling of products/schemes of the UTI sion or any other mode), payable to him is being recommended to me/us. • I / itted from abroad through approved bank source of funds and any such other relevolate that I am the father/mother/guardiale and correct. I do not have any documents not applicable)
nformation his investre I / We ha JTI MF/UT of servicing The ARN he different confirm that channels of locuments he minor of m support Please send mail only at First opplicant Details	Memorandum, addenda issued to the terms and conditions, rules and ment has been duly authorised by the venot received nor been induced. If AMC to share my data furnished graph issue of account statement/conton the holder has disclosed to me/us also to competing Schemes of various of the weare Non-Residents of Indian refrom my / our NRE / NRO Accounts, if called for by UTI Mutual Fund. It is the holder than the application of the date of birth and relationshed the Account Statement, Abridged Annual the below email ID. (If you wish to receive the modern of the statement of the second second statement of the second second statement of the second statement of the second	till date and apply to the Tel regulations of the scheme appropriate authorities in by any rebate or gifts, dired in the Form to my distributed in the Form to my distributed in the Form to my distributed in the commissions (in the Mutual Funds from among Nationality / Origin and the Int. I / We undertake to provulate to provulat	Trustee of UTI Mutualities as on the date of interms of all relevant eactly or indirectly in motion and other service count etc and cross form of trail commissist which the Scheme eat the funds are remixed further details of hereby solemnly decit his tated by me is true to out if this declaration of characteristics.	al Fund as indicated above. I / We agree investment. I / We undertake to confirm that documents and procedural requirement aking investments. I / We hereby authous ice providers of the UTI MF for the purp selling of products/schemes of the UTI sion or any other mode), payable to him is being recommended to me/us. I / itted from abroad through approved bank source of funds and any such other relevolate that I am the father/mother/guardia e and correct. I do not have any document is not applicable)  In ange of address, change of bank details etc. through a liternate E-mail
nformation his investre I / We ha JTI MF/UT of servicing The ARN he different confirm that channels of locuments he minor of mail only at Flease send mail only at Signat	Memorandum, addenda issued to the terms and conditions, rules and ment has been duly authorised by the venot received nor been induced. If AMC to share my data furnished go, issue of account statement/contol holder has disclosed to me/us also to competing Schemes of various of the weare Non-Residents of Indian from my / our NRE / NRO Accounts, if called for by UTI Mutual Fundschild in whose name the application of the date of birth and relationshalt the below email ID. (If you wish to receive the date of	till date and apply to the Tell regulations of the scheme of appropriate authorities in by any rebate or gifts, dired in the Form to my distributed in the Form to my distributed in the commissions (in the Mutual Funds from amongs Nationality / Origin and that I. I / We undertake to provous (Applicable for NRIs) • I In is made. The date of birth in the proving with minor child. (Strike all Report, Transaction confirmative in physical form please tick	Trustee of UTI Mutual lie as on the date of interms of all relevant eactly or indirectly in modutor and other service count etc and cross form of trail commissist which the Scheme lat the funds are remixed further details of hereby solemnly decit his tated by me is true to out if this declaration of characteristic communication of characteristic control of the country of the cou	al Fund as indicated above. I / We agree investment. I / We undertake to confirm that documents and procedural requirementaking investments. I/We hereby authorize providers of the UTI MF for the purp selling of products/schemes of the UTI sion or any other mode), payable to him is being recommended to me/us. I / itted from abroad through approved bank source of funds and any such other relevalere that I am the father/mother/guardia e and correct. I do not have any document is not applicable)  Tange of address, change of bank details etc. through

- 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 Private Limited**, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081. Tel. 040-23312454, Fax: 040-23115503, E-mail: uti@karvy.com