Transaction form for Purchase, Redemption & Switch

Please fill in the information legibly in English & CAPITAL LETTERS

UTI Mutual Fund

1. FINANCIAL ADVISOR INFORMATION

Financial Advisor	Sub ARN Code	Sub Code	EUI No.*	RM Code

Time Stamp

*Please sign below in case the EUIN is left blank/not provided/transaction is "execution-only" in nature.

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction"

✎ SIGN HERE

First Account Holder	Second Account Holder	Third Account Holder

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

2. Investor Details

Folio/Account No.:

	Name	PAN No.	KYC Copy
Name of First applicant			☐
Name of Guardian (In case of Minor)			☐
Name of Second Applicant			☐
Name of Third Applicant			☐

3. Unitholding Option ☐ Demat Mode ☐ Physical Mode

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 participant Name DP ID No. Beneficiary Account No.	**Central Depository Securities Limited**	Depository participant Name Target ID No.

Enclosures (Please tick any one box): ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

4. Additional Purchase

Cheque / DD No. Date DD Charges Rs. Cheque / DD Net Amount Rs.

Bank Name Branch: City

Scheme Plan Option

5. Switch

☐ **Partial Switch** Amount Rs. or Units : **OR** ☐ **All Units**

From Scheme **Plan** **Option**

To Scheme **Plan** **Option**

6. Redemption

☐ **Partial Redemption** **Scheme** **Plan** **Option** **OR** ☐ **All Units**

Amount Rs. or Units :

*Please specify the bank details in which your wish to receive the redemption proceeds.

*Bank Account No: Bank Name:

(Kindly note that bank account should be one of the registered bank account in the folio. Else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

DECLARATION

"I/We have understood the contents of the Offer document and addenda issued till date and apply to the Trustees 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 the applicant/unit holder is empowered to invest/ disinvest and the signatories have necessary authorization to invest/disinvest on behalf of applicant/ unit holder. I/We undertake to confirm that this investment has been duly authorized 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 investment. * I/ We confirm than we are Non residents of Indian Nationality/ Origin and that the funds are remitted from abroad through approved banking channels or from my/ our funds from my/ our NRE/ NRO account. I/ We undertake to provide further details of source of funds and any such other relevant document, if called by UTI Mutual Fund. I/we authorize UTI Mutual Fund, UTI AMC Ltd./its Registrars to refer details related to Aadhaar number to any of the appropriate authorities including UIDAI / KYC Registration Agency / Authentication Agencies etc. and also authorize such agencies including UIDAI to share the data as per their records, for verification purpose

The ARN holder has disclosed to me/us all the commissions (in the form of trial 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 ***Appliable to NRIs.**

Mobile No.: Email ID:

AADHAR

✎ SIGN HERE

First Account Holder	Second Account Holder	Third Account Holder

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Acknowledgement for submission of Purchase / Redemption / Switch request (to be filled by the unitholder)

UTI Mutual Fund

Received, subject to verification, Request for ☐ Purchase ☐ Redemption ☐ Switch

from Mr/ Mrs/ Ms :_____

Folio No : ☐☐☐☐☐☐☐☐☐☐☐

Time Stamp

Scheme : _____ Amount/Units _____