



# COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

(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)

Sr.No. 2014/

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

Registrar Sr. No.

(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

[Fields Marked with (\*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.*	UTIRM No.
ARN-3092					E075439	

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 'v').

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      Scheme Name:      Folio Number:

**APPLICANT'S PERSONAL DETAILS**  Mr.  Ms.  Mrs. \* Denotes Mandatory Fields

Name of First Applicant (as appearing in ID proof given for KYC)

Date of Birth    d    d    m    m    y    y    y    y    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 OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form) AADHAR CARD NO.

Enclosed  PAN Card Copy  Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

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

City\*

State      Country\*      Zip/Pin\*

**NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS**  Mr.  Ms.  Mrs.

\$ 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').

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT**

Applicant's address      (for NRIs)  At my Overseas address as mentioned above /  To be despatched to my resident relative's address in India as given above

**DETAILS OF OTHER APPLICANTS**

Name of 2nd Applicant  Mr.  Ms.  Mrs.      Date of Birth of 2nd Applicant    d    d    m    m    y    y    y    y

\*PAN of 2nd Applicant      AADHAR CARD NO.

Enclosed  PAN Card Copy  Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

Name of 3rd Applicant  Mr.  Ms.  Mrs.      Date of Birth of 3rd Applicant    d    d    m    m    y    y    y    y

\*PAN of 3rd Applicant      AADHAR CARD NO.

Enclosed  PAN Card Copy  Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

**PAYMENT DETAILS** (Refer Instruction 'x')

**ARN-3092      E075439**

#Cheque/DD/\*NEFT/\*RTGS Ref. No. / Unique Serial No. (For Cash)       Cash      Account type       Savings       Current       NRE  
(please ✓)       NRO       DD issued from abroad

Account No.      Date      Amt. of investment (i)      # 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"

Bank      DD Charges if any (ii)      Net amount paid (i-ii)      \* Investment amount shall be Rs. 2 lacs and above in case of payments through NEFT / RTGS.

Branch      Amt. in words



Unitholding Option  Demat Mode  Physical Mode (if Demat account details are provided below, units will be allotted by default in Electronic Mode only)

**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 Name _____	Central Depository Services (India) Limited	Depository Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary Account No. _____		

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

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

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

**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:**  Resident Individual  Listed Company  Unlisted Company  Minor through guardian  HUF  
 Partnership  Trust  Sole Proprietorship  Society  Body Corporate  
 AOP  BOI  FII  NRI  Foreign Nationals##  
 Others (Please specify) \_\_\_\_\_

**OCCUPATION:**  Business  Student  Agriculture  Self-employed  Professional  
 Housewife  Retired  Private Sector Service  Public Sector Service  Government Service  
 Forex Dealer  Others (Please specify) \_\_\_\_\_

**MODE OF HOLDING:**  Single  Anyone or survivor  Joint

**MARITAL STATUS:**  Unmarried  Married  Wedding Anniversary

## 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.

**OTHER DETAILS (For Individuals Only)\***

1. Gross Annual Income Details Please tick (✓)  Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs  
 [OR]  
 Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)

2. Please tick if applicable:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 (For definition of PEP, please refer instruction 'w').

3. Any other information: \_\_\_\_\_

**OTHER DETAILS (For Non-Individuals Only)\***

1. Gross Annual Income Details Please tick (✓)  Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 Crore  >1 Crore

2. Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Any other information: \_\_\_\_\_



**ACKNOWLEDGEMENT** ARN-3092  
 (To be filled in by the Applicant)

Sr. No. 2014/

Received from Mr / Ms / M/s \_\_\_\_\_

An application under \_\_\_\_\_ (scheme name)

along with Cheque / DD No. <sup>₹</sup> / Cash \_\_\_\_\_ dated \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_

for ₹ (in figures) \_\_\_\_\_

Stamp of UTI AMC Office/  
 Authorised Collection Centre

\* Cheques and drafts are subject to realisation.

**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.

<b>Name and Address of Nominee</b>	To be furnished in case nominee is a minor								
Name	Name of the guardian								
Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> (in case of nominee is a minor)	d	d	m	m	y	y	y	y	Address of guardian
d	d	m	m	y	y	y	y		
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

✓

Signature of 1st Applicant / Guardian

✓

Signature of 2nd Applicant

Signature of 3rd Applicant

**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. • 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 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. • 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 to NRI's). • 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).

\* 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. (If you wish to receive in physical form please tick  )

First Applicant Details	Mobile Number	Tel. (R) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>STD CODE</td><td></td> </tr> </table>	STD CODE		*E mail _____							
	STD CODE											
<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									No. (O) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>STD CODE</td><td></td> </tr> </table>	STD CODE		Alternate E-mail _____
STD CODE												

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

Signature of 2nd Applicant  
Name of 2nd Authorised Signatory

Signature of 3rd Applicant  
Name of 3rd Authorised Signatory

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

**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 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

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