UTI Mutual Fund

COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

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

Sr.No. 2012/

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'n')

ARN	Name of Financial Advisor	Sub Code/ Bank Branch Code	M O Code	EUI No.	UTI RM No.
31340				E072902	

BDA / CA Code

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 hereby confirm that where the EUI No. space has been left blank by me/us, the transaction is an "execution-only" transaction.

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'o')

☐ 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 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 / FII 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 s).

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

***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

***PAN of 3rd Applicant** **AADHAR CARD NO.**

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

PAYMENT DETAILS

#Cheque/DD/❖NEFT/❖RTGS Ref. No / Unique Serial No. (For Cash) ☐ Cash

Account type (please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ DD issued from abroad

Account No.

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 Rs. 2 lacs and above in case of payments through NEFT / 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* IFS Code (this is a 11-digit number)

Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE

Account No.

UTI Mutual Fund

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2012/

Received from Mr / Ms / M/s

An application under (scheme name)

along with Cheque / DD No.$ /Cash dated

Drawn on (Bank)

for ₹ (in figures)

$ Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/ Authorised Collection Centre

Date : 7/1/2013

INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here ☐ & tick Scheme, Plan / Option given below) (Refer instruction 't')

- ☐ UTI-Balanced Fund
- ☐ UTI-Banking Sector Fund
- ☐ UTI-Contra Fund
- ☐ UTI-Dividend Yield Fund
- ☐ UTI-Energy Fund
- ☐ UTI-Equity Fund
- ☐ UTI-India Lifestyle Fund
- ☐ UTI-Infrastructure Fund
- ☐ UTI-Leadership Equity Fund
- ☐ UTI-Master Plus Unit Scheme
- ☐ UTI-Mastershare Unit Scheme
- ☐ UTI-Master Value Fund
- ☐ UTI-Mid Cap Fund
- ☐ UTI-MNC Fund
- ☐ UTI-Nifty Index Fund
- ☐ UTI-Opportunities Fund
- ☐ UTI-Pharma & Healthcare Fund
- ☐ UTI-Services Industries Fund
- ☐ UTI-Top 100 Fund
- ☐ UTI-Transportation & Logistics Fund
- ☐ UTI-Wealth Builder Fund Series II

OPTION (for all schemes) ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment (Default is growth option)

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		Central Depository Securities Limited	
	Depository Name		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 - q) 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

Annual Income of First Individual Applicant (Please (✓) ☐ < 5 Lacs ☐ > 5 Lacs - < 15 Lacs ☐ > 15 Lacs - < 25 Lacs ☐ > 25 Lacs

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS

☐ Resident Individual	☐ Company	☐ AOP
☐ Minor through guardian	☐ Sole Proprietorship	☐ BOI
☐ HUF	☐ Society	☐ FII
☐ Partnership	☐ Body Corporate	☐ NRI
☐ Trust	☐ Others	

MODE OF HOLDING

☐ Single ☐ Anyone or survivor ☐ Joint

MARITAL STATUS

☐ Unmarried ☐ Married ☐ Wedding Anniversary

OCCUPATION

☐ Business	☐ Professional
☐ Student	☐ Housewife
☐ Agriculture	☐ Retired
☐ Self-employed	☐ Service
☐ Others	

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 (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

Sign here ➡

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. No. (R) / (O)	*E mail / Alternate E-mail

Sign here ➡

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

Signature of 2nd Applicant
Name of 2nd Authorised Signatory
Designation

Signature of 3rd Applicant
Name of 3rd Authorised Signatory
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. 040-23421944 to 47, Fax: 040-23115503, E-mail: uti@karvy.com