



Haq, ek behtar zindagi ka.

**COMMON APPLICATION FORM FOR
OPEN-ENDED EQUITY AND HYBRID SCHEMES**

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

Sr.No. 2018/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only) [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/RIA Code [^]	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. [@]	UTI RM No.
ARN-105519						

[^] 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 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 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 OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above ₹ 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, mention your Folio No. : _____

APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s * Denotes Mandatory Fields

Name of First Applicant (as appearing in Aadhaar) (Refer Instruction 'r')

Date of Birth d d m m y y y y Mandatory for minors

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').

*PAN/PEKRN\$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN Enclosed PAN/PEKRN CARD/ID PROOF COPY

AADHAAR NUMBER Enclosed Know Your Customer (KYC)* Acknowledgement Copy

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

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* _____

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

City* _____

State Country* Zip/Pin* _____

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/PEKRN\$ OF 2ND APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

AADHAAR NUMBER Enclosed Know Your Customer (KYC)* Acknowledgement Copy

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

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

*PAN/PEKRN\$ OF 3RD APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

AADHAAR NUMBER Enclosed Know Your Customer (KYC)* Acknowledgement Copy

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

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

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE

Account No. (please ✓) NRO DD issued from abroad

Date Amt. of investment (i) UTI Smart Form if already registered (Applicable for existing investors)

Bank DD Charges if any (ii) # 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"

Branch Net amount paid (i-ii) * Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Amt. in words _____

ARN-105519

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. _____

INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)

<p>Equity Schemes:</p> <input type="checkbox"/> UTI Mastershare Unit Scheme <input type="checkbox"/> UTI Core Equity Fund <input type="checkbox"/> UTI Equity Fund <input type="checkbox"/> UTI Mid Cap Fund <input type="checkbox"/> UTI Value Opportunities Fund <input type="checkbox"/> UTI Dividend Yield Fund <input type="checkbox"/> UTI Long Term Equity Fund (Tax Saving)	<input type="checkbox"/> UTI Nifty Index Fund <input type="checkbox"/> UTI India Lifestyle Fund <input type="checkbox"/> UTI Infrastructure Fund <input type="checkbox"/> UTI MNC Fund <input type="checkbox"/> UTI Banking and Financial Services Fund <input type="checkbox"/> UTI Healthcare Fund <input type="checkbox"/> UTI Transportation and Logistics Fund	<p>Hybrid Schemes:</p> <input type="checkbox"/> UTI Arbitrage Fund <input type="checkbox"/> UTI Regular Savings Fund <input type="checkbox"/> UTI Hybrid Equity Fund <input type="checkbox"/> UTI Multi Asset Fund
--	---	--

PLAN (For All Schemes) Regular Plan Direct Plan (refer instruction 'j')

OPTION

1. **For All Schemes** Growth Dividend Payout Dividend Reinvestment [not available under UTI-LTEF (Tax Saving)] (Default-Growth) (except UTI Regular Savings Fund)

2. **For UTI Regular Savings Fund** Growth Plan Monthly Div. Plan Payout Monthly Div. Plan Reinvestment
 Flexi Div. Plan Payout Flexi Div. Plan Reinvestment Monthly Payment Plan (Default-Growth)

Unitholding Option Physical Mode Demat 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 _____ DP ID No. _____ 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	F I R S T _____	M I D D L E _____	L A S T _____
Address:	_____		
Relationship with the applicant (optional)	Email	Mobile	

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]

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: Resident Individual Minor through guardian HUF Partnership Trust
 Sole Proprietorship Society / Club Body Corporate AOP BOI
 FPI NRI Foreign Nationals^{##} Listed Company LLP
 Unlisted 'Not for Profit'^{^^} Company Other Unlisted Company PIO
 Others (Please specify) _____

^{^^} 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

^{##} Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

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

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) / /

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

(C) **Any other information:** _____

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) / /

(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) / /

(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) / /

(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:** _____

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction 'z')

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 Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.



ARN-105519

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961] Sr. No. 2018/

Haq, ek behtar zindagi ka.

Received from Mr / Ms / M/s

An application under

along with Cheque[§]/DD[§]/NEFT/RTGS
 Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

[§] Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/
 Authorised Collection Centre

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 of Nominee _____ _____ Date of Birth d d m m y y y y (in case of nominee is a minor) Aadhaar No. _____ *PAN _____	To be furnished in case nominee is a minor Name of the guardian _____ Address of guardian _____ 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. • I/We wish to receive email and SMS communication from UTI Mutual Fund. • I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. • I/We hereby provide my/our consent for sharing/disclosing of my/our Aadhaar number(s) including demographic information with UTI MF / UTI AMC and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. (Strike out if this declaration is not applicable).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)[∞]

SoA in Physical Form At my Overseas address as mentioned above
 AAR in Physical Form To be despatched to my resident relative's address in India as mentioned above
[∞] On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No. _____	Tel. (R) STD CODE _____	Tel. (O) STD CODE _____
	*E-mail _____ Alternate E-mail _____		

Sign. here

Signature of 1st Applicant / Guardian / POA ^{^^}	Signature of 2nd Applicant / POA ^{^^}	Signature of 3rd Applicant / POA ^{^^}
Name of 1st Authorised Signatory	Name of 2nd Authorised Signatory	Name of 3rd Authorised Signatory

Designation _____ Designation _____ Designation _____

^{^^}Power of Attorney (POA) Registration No. _____ (if already registered) (refer instruction 'ab')

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 Pvt. Ltd.: Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, **Board No:** 040-6716 2222, **Fax No.:** 040- 6716 1888, **Email:** uti@karvy.com