

# 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. 2019/

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-53321					E054731	

^ 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 inappropriateness, 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 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 1<sup>ST</sup> APPLICANT/FATHER/MOTHER/GUARDIAN

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

AADHAAR NUMBER

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

\*PAN/PEKRN\$ OF 2<sup>ND</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

AADHAAR NUMBER

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

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

Date of Birth of 3rd Applicant

\*PAN/PEKRN\$ OF 3<sup>RD</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

AADHAAR NUMBER

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)

Bank

DD Charges if any (ii)

Branch

Net amount paid (i-ii)

Amt. in words

☐ UTI Smart Form if already registered (Applicable for existing investors)

# 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 ₹ 2 lacs and above in case of payments through RTGS.

**BANK PARTICULARS OF 1ST APPLICANT** (Mandatory as per SEBI Guidelines)

Bank Name		Branch
Address		MICR Code <input type="text"/> (this is a 9-digit number next to your cheque number)
	City <input type="text"/> Pin* <input type="text"/>	IFS Code <input type="text"/> (this is a 11-digit number)

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

[illegible]**INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)**

### Equity Schemes:

- ☐ UTI Mastershare Unit Scheme  
☐ UTI Core Equity Fund  
☐ UTI Equity Fund  
☐ UTI Mid Cap Fund  
☐ UTI Value Opportunities Fund  
☐ UTI Dividend Yield Fund  
☐ UTI Long Term Equity Fund (Tax

- ☐ UTI Nifty Index Fund
- ☐ UTI Nifty Next 50 Index Fund
- ☐ UTI India Consumer Fund
- ☐ UTI Infrastructure Fund
- ☐ UTI MNC Fund
- ☐ UTI Banking and Financial Services Fund
- ☐ UTI Healthcare Fund
- ☐ UTI Transportation and Logistics Fund

### Hybrid Schemes:

- ☐ UTI Arbitrage Fund
- ☐ UTI Equity Savings Fund
- ☐ UTI Regular Savings Fund
- ☐ UTI Hybrid Equity Fund
- ☐ UTI Multi Asset Fund

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

OPTION

- |    |   |  |   |  |  |
|----|---|--|---|--|--|
| 1. | <b>For All Schemes</b>  | <input type="checkbox"/> Growth                        | <input type="checkbox"/> Dividend Payout              | <input type="checkbox"/> Dividend Reinvestment [not available under UTI-LTEF (Tax Saving)] | (Default-Growth)                                 |
|    | (except UTI Regular Savings Fund and UTI Equity Savings Fund. For UTI Nifty Next 50 Index Fund there is only Growth Option) |  |   |  |  |
| 2. | <b>For UTI Regular Savings Fund</b>   | <input type="checkbox"/> Growth Plan                   | <input type="checkbox"/> Monthly Div. Plan Payout     | <input type="checkbox"/> Monthly Div. Plan Reinvestment                                    |  |
|    |   | <input type="checkbox"/> Flexi Div. Plan Payout        | <input type="checkbox"/> Flexi Div. Plan Reinvestment | <input type="checkbox"/> Monthly Payment Plan  | (Default-Growth)                                 |
| 3. | <b>For UTI Equity Savings Fund</b>  | <input type="checkbox"/> Growth Option                 | <input type="checkbox"/> Dividend Payout              | <input type="checkbox"/> Dividend Reinvestment   | <input type="checkbox"/> Monthly Dividend Payout |
|    |   | <input type="checkbox"/> Monthly Dividend Reinvestment | <input type="checkbox"/> Quarterly Dividend Payout    | <input type="checkbox"/> Quarterly Dividend Reinvestment                                   | (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

[illegible]

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)

[illegible]**DETAILS OF BENEFICIAL OWNERSHIP** (Please tick applicable category).

Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction a)

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<sup>==</sup> ☐ 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**

**1<sup>st</sup> 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 ₹

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:** SSSS

**2<sup>nd</sup> 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 ₹

as on (date)      

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

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

**3<sup>rd</sup> 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 ₹

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 ₹

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-53321

**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. 2019/

Haq, ek behtar zindagi ka.

Received from Mr / Ms / M/s

An application under

along with Cheque/DD<sup>§</sup>/NEFT/RTGS

Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

§ Cheques and drafts are subject to realisation.

	(scheme name)
	dated

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.

<b>Name of Nominee</b> _____	<b>To be furnished in case nominee is a minor</b>
_____	<b>Name of the guardian</b> _____
<b>Date of Birth</b> _____ (in case of nominee is a minor)	<b>Address of guardian</b> _____
<b>Aadhaar No.</b> _____	<b>Signature of Nominee / guardian (for minor)</b> _____
<b>*PAN</b> _____	

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. • 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)<sup>∞</sup>**

☐ SoA in Physical Form ☐ Applicable to NRIs  
☐ AAR in Physical Form ☐ At my Overseas address as mentioned above  
☐ To be dispatched to my resident relative's address in India as mentioned above

<sup>∞</sup> 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.

<b>First Applicant Details</b>	<b>*Mobile No.</b> _____	<b>Tel. (R)</b> _____	<b>Tel. (O)</b> _____
	<b>*E-mail</b> _____ <b>Alternate E-mail</b> _____		

\_\_\_\_\_

Signature of 1st Applicant / Guardian / POA<sup>^^</sup>

Name of 1st Authorised Signatory

\_\_\_\_\_

Signature of 2nd Applicant / POA<sup>^^</sup>

Name of 2nd Authorised Signatory

\_\_\_\_\_

Signature of 3rd Applicant / POA<sup>^^</sup>

Name of 3rd Authorised Signatory

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

<sup>^^</sup>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 Fintech 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