

## COMMON APPLICATION FORM FOR LIQUID AND DEBT 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)

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN / RIA No. <sup>^</sup>	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. <sup>@</sup>	UTIRM No.
ARN-53321					E054731	

<sup>^</sup> 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.

<sup>@</sup> 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')

<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above
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Existing Unit Holder information : If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

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

Name of First Applicant / Other Mentally Handicapped Persons (for UTI Bond Fund) (as appearing in Aadhaar)

(Refer Instruction 'r')

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/PEKRN\$ OF 1st APPLICANT** (whose particulars are furnished in the form) **\*AADHAAR NO.**

☐ Enclosed ☐ PAN/PEKRN Card/ID Proof Copy ☐ Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

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

State	Country*	City*	Zip/Pin*
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**NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN** (If Minor)\$\$/ Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UTI BOND FUND)

☐ 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)

DETAILS OF OTHER APPLICANTS

**Name of 2nd Applicant** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s.

Date of Birth of 2nd Applicant d d m m y y y y

**\*PAN/PEKRN of 2nd Applicant**

**\*AADHAAR NO.**

☐ Enclosed ☐ PAN/PEKRN Card/ID Proof Copy ☐ Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

**Name of 3rd Applicant** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s.

Date of Birth of 3rd Applicant d d m m y y y y

**\*PAN/PEKRN of 3rd Applicant**

**\*AADHAAR NO.**

☐ Enclosed ☐ PAN/PEKRN Card/ID Proof Copy ☐ Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

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

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standards)

(Refer Instruction 'y')

#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)

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"/>
	City <input type="text"/>	Pin* <input type="text"/>	(this is a 9-digit number next to your cheque number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE			IFS Code <input type="text"/>
Account No. <input type="text"/>			(this is a 11-digit number)

**INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE ☐ & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j') PLEASE USE SEPARATE FORM FOR EACH SCHEME**

<input type="checkbox"/> UTI OVERNIGHT FUND <input type="radio"/> Growth <input type="radio"/> Daily Dividend Reinvestment <input type="radio"/> Periodic Dividend Payout <input type="radio"/> Periodic Dividend Reinvestment (Default-Growth Option)			
<input type="checkbox"/> UTI BANKING & PSU DEBT FUND <input type="radio"/> UTI CREDIT RISK FUND <input type="checkbox"/> UTI SHORT TERM INCOME FUND			
<input type="radio"/> Growth <input type="radio"/> Quarterly Div. Payout <input type="radio"/> Half Yearly Div. Reinvestment <input type="radio"/> Flexi Div. Payout	<input type="radio"/> Monthly Div. Payout <input type="radio"/> Quarterly Div. Reinvestment <input type="radio"/> Annual Div. Payout <input type="radio"/> Flexi Div. Reinvestment	<input type="radio"/> Monthly Div. Reinvestment <input type="radio"/> Half Yearly Div. Payout <input type="radio"/> Annual Div. Reinvestment	(Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. Div. Sub Option)
<input type="checkbox"/> UTI BOND FUND <input type="checkbox"/> UTI DYNAMIC BOND FUND			
<input type="radio"/> Growth <input type="radio"/> Half Yearly Div. Payout <input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Quarterly Div. Payout <input type="radio"/> Half Yearly Div. Reinvestment <input type="radio"/> Flexi Div. Payout	<input type="radio"/> Quarterly Div. Reinvestment <input type="radio"/> Annual Div. Payout <input type="radio"/> Flexi Div. Reinvestment	(Default-Growth Option)
<input type="checkbox"/> UTI ULTRA SHORT TERM FUND <input type="checkbox"/> UTI LIQUID CASH PLAN <input type="checkbox"/> UTI MONEY MARKET FUND <input type="checkbox"/> UTI TREASURY ADVANTAGE FUND			
<input type="checkbox"/> UTI MEDIUM TERM FUND			
<input type="radio"/> Growth <input type="radio"/> Weekly Div. Reinvestment <sup>&amp;&amp;&amp;</sup> <input type="radio"/> Monthly Div. Payout <input type="radio"/> Quarterly Div. Reinvestment <input type="radio"/> Annual Div. Payout <input type="radio"/> Flexi Div. Reinvestment	<input type="radio"/> Daily Div. Reinvestment <sup>&amp;&amp;&amp;</sup> <input type="radio"/> Fortnightly Div. Payout <sup>&amp;&amp;&amp;</sup> <input type="radio"/> Monthly Div. Reinvestment <input type="radio"/> Half Yearly Div. Payout <input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Weekly Div. Payout <sup>&amp;&amp;</sup> <input type="radio"/> Fortnightly Div. Reinvestment <sup>&amp;&amp;&amp;</sup> <input type="radio"/> Quarterly Div. Payout <input type="radio"/> Half Yearly Div. Reinvestment <input type="radio"/> Flexi Div. Payout	(Default-Growth Option under UTI USTF, UTI MMF & UTI MTF) (Default-Daily Div. Reinvestment under UTI LCP & UTI TAF)

**Please Note:**

&amp;&amp; Weekly Div. Payout Option NOT available under UTI Liquid Cash Plan, UTI Ultra Short Term Fund &amp; UTI Medium Term Fund

&amp;&amp;&amp; Daily Div. Reinvestment, Weekly Div. Reinvestment, Fortnightly Div. Payout &amp; Fortnightly Div. Reinvestment option are not available under UTI Medium Term Fund For Dividend Policy relating to various Options / Sub Options, please refer to SID.

<input type="checkbox"/> UTI GILT FUND <input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment (Default-Growth/Plan)			
<input type="checkbox"/> UTI FIXED MATURITY PLAN (Use separate form for each series) <input type="checkbox"/> YEARLY SERIES (YFMP) <input type="checkbox"/> HALF YEARLY SERIES (HFMP) <input type="checkbox"/> QUARTERLY SERIES (QFMP)			
<input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment (Default-Growth Option)			

Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)

**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.

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)



## 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

## 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	To be furnished in case nominee is a minor								
	Name of the guardian								
	Address of guardian								
Date of Birth <table border="1"><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	Signature of Nominee / guardian (for minor)
d	d	m	m	y	y	y	y		
*Aadhaar No.									
*PAN									

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 nominateSign.  
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. • 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. • 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 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 for NRIs) • 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 (iii) 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)

☐ Through email\* ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above\* ☐ To be dispatched to my resident relative's address in India as mentioned above\*

\* 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.

© Applicable to NRIs

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 'aa')

## 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