



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

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

Sr.No. 2016/

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]

Table with columns: ARN/RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/Bank Branch Code, M O Code, EUI No., UTI RM No., BDA / CA Code

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.

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

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 (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/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished above) AADHAAR CARD 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*

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').

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. Date of Birth of 2nd Applicant

PAN/PEKRN \$ of 2nd Applicant AADHAAR CARD NO. Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC) Acknowledgement Copy Please (✓)

Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant

PAN /PEKRN \$ of 3rd Applicant AADHAAR CARD NO. Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC) Acknowledgement Copy Please (✓)

\$ Required for MICRO Investment upto Rs. 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 (please ✓) NRO DD issued from abroad UTI Smart Form (OTM) 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	Pin*	IFS Code <input type="text"/> (this is a 11-digit number)

Account type (please ✓) Savings Current NRO NRE

Account No.

INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here & tick Scheme, Plan / Option given below) (Refer instruction 'j') PLEASE USE SEPARATE FORM FOR EACH SCHEME

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> UTI-Balanced Fund | <input type="checkbox"/> UTI-Mid Cap Fund |
| <input type="checkbox"/> UTI-Banking Sector Fund - Regular Plan | <input type="checkbox"/> UTI-MNC Fund |
| <input type="checkbox"/> UTI-Bluechip Flexicap Fund | <input type="checkbox"/> UTI-Multi Cap Fund - Regular Plan |
| <input type="checkbox"/> UTI-Dividend Yield Fund | <input type="checkbox"/> UTI-Nifty Index Fund |
| <input type="checkbox"/> UTI-Equity Fund | <input type="checkbox"/> UTI-Opportunities Fund |
| <input type="checkbox"/> UTI-India Lifestyle Fund | <input type="checkbox"/> UTI-Pharma & Healthcare Fund |
| <input type="checkbox"/> UTI-Infrastructure Fund | <input type="checkbox"/> UTI-SPrEAD Fund |
| <input type="checkbox"/> UTI-Long Term Equity Fund (Tax Saving) | <input type="checkbox"/> UTI-Top 100 Fund |
| <input type="checkbox"/> UTI-Mastershare Unit Scheme | <input type="checkbox"/> UTI-Transportation & Logistics Fund |
| | <input type="checkbox"/> UTI-Wealth Builder Fund Series II - Retail Plan |

OPTION Growth Dividend Payout Dividend Reinvestment [not available under UTI-LTEF (Tax Saving)]
(for all schemes) (Default is growth option)

For investment under CanServe Facility, please tick (✓) the Scheme Name, Plan and Option given below (refer instruction 'aa')

Scheme Name:	<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-Mastershare Unit Scheme	<input type="checkbox"/> UTI-SPrEAD Fund
Plan :	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Existing Plan	
Option:	<input type="checkbox"/> CanServe Growth Option ₹ <input type="text"/> /- (minimum ₹ 1000/-)	<input type="checkbox"/> CanServe Dividend Payout Option (default 50%) <input type="checkbox"/> 50% <input type="checkbox"/> 100%	Default is CanServe Growth Option

Investors ticking the CanServe facility will be allotted units under the said facility only. Any other option selected would be ignored.

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]

Can-Serve Facility

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 (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																								

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 DD MM

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 ₹ _____ as on (date) DD/MM/YYYY
(Net worth should not be older than 1 year)
(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 ₹ _____ as on (date) DD/MM/YYYY
(Net worth should not be older than 1 year)
(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 ₹ _____ as on (date) DD/MM/YYYY
(Net worth should not be older than 1 year)
(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) DD/MM/YYYY
(Net worth should not be older than 1 year)
(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: _____



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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. 2016/

Received from Mr / Ms / M/s _____
An application under _____ (scheme name)
along with Cheque/DD/NEFT/RTGS _____ dated _____
Ref. No./Unique Serial No. (For Cash) _____
Drawn on (Bank) _____
for ₹ (in figures) _____

Stamp of UTI AMC Office/
Authorised Collection Centre

§ Cheques and drafts are subject to realisation.

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.

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

Sign. here

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).

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. <input type="text"/>	Tel. (R) <input type="text"/>	Tel. (O) <input type="text"/>
	*E-mail <input type="text"/>		Alternate E-mail <input type="text"/>

Signature of 1st Applicant / Guardian / POA^{^^}

Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^{^^}

Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^{^^}

Name of 3rd Authorised Signatory

Sign. here

Designation _____ Designation _____ Designation _____

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

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- 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.**
- 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

UMRN F o r o f f i c e u s e Date

Tick (✓) Sponsor Bank Code **C I T I O O P I G W** Utility Code **C I T I O O O 2 0 0 0 0 0 0 3 7**

CREATE I/We hereby authorize **UTI Mutual Fund** to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

MODIFY CANCEL Bank a/c number

with Bank Name of Customers Bank ⁴ IFSC ⁵ or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtrly H.Yrly Yrly As & when presented DEBIT TYPES Fixed Amount Maximum Amount

Reference 1 Folio Number ⁷ Mobile No.

Reference 2 Application Number ⁸ Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD ⁹
 From
 To
 Or Until Cancelled
 Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____
 1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.



UTI SMaRT SIP Form

- Registration of SIP
- Renewal of SIP
- Micro SIP
- Salary Saving SIP
- Change in Bank Details

ARN	EUIN	Sub ARN Code	Sub Code	MOCCode	UTI RM No.
ARN-77875	E027739				

Upfront commission shall be paid directly by the investor to the AMFI / NISM certifies 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 not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory feed for this transaction. (Pleases tick and sign below when EUIN box is left blank)

APPLICANT DETAILS	APPLICATION NO./ FOLIO NO.
Name Of Sole / 1st holder / Beneficiary Child	<input type="text"/>
Name Of Guardian (In case of Minor)	<input type="text"/>

PAN DETAILS	(If not registered in the folio already)		
First Applicant / Guardian	Second Applicant	Third Applicant	
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures	
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	
PAN Exempt KYC Ref no (PEKRN for Micro investments) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -	

Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period		SIP Step Up	
				Regular (MM/YY)	Perpetual (MM/YY)	Amount In Multiple of ₹ 500/-	Frequency
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Amount in the mandate to bank should be equal or more than this total amount		Total					

My Financial Goal for this SIP (choose anyone).
 Retirement Corpus Child Education Child Marriage Dream Car Dream House Marriage Holiday
 (In case of saving for Child, mention name of Child) Target Amount

I/ We hereby authorize UTI MUTUAL FUND and their authorised service providers and my banker, to debit my/our bank account using the Mandate form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/ we would not hold UTI Mutual Fund responsible. I/ We will also inform UTI Mutual Fund, above any changes in my bank account. I/ We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP, I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund 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 with 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/scheme of the UTI MF. I/ We hereby request you to register me/ us for availing this facility and carrying out transactions of Purchase/ SIP/ Redemption/ Switch in my/ our above mentioned folio wherever applicable. I/ We have read and understood the Terms & Conditions of the facility in which I/ We wish to subscribe as available on UTI MF website (http://www.uti.com/customer-service/Pages/default.aspx) and also displayed/available at the UFC wherever applicable.

By signing this SIP enrolment form I/ We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

1st Holder / Guardian **2nd Unit Holder** **3rd Unit Holder**