



# COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

(OCBs & US PERSONS INCLUDING QUALIFIED FOREIGN INVESTORS REGISTERED IN USA AND CANADA AND RESIDENTS OF CANADA ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2014/

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY  
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Registrar Sr. No.

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

BDA / CA Code

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

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 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 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 EUIN box is left blank) (refer instruction 'v').

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
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)

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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.

<input type="checkbox"/> Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)
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## OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FII 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 (IN CASE OF MINOR) \$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS Mr. Ms. Mrs.

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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\$ 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').

## OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT

<input type="checkbox"/> Applicant's address	(for NRIs) <input type="checkbox"/> At my Overseas address as mentioned above / <input type="checkbox"/> To be despatched to my resident relative's address in India as given above
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## DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 2nd Applicant	d	d	m	m	y	y	y	y					
F	I	R	S	T	M	I	D	D	L	E	L	A	S	T

*PAN of 2nd Applicant	AADHAR CARD NO.
<input type="checkbox"/> Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)	

Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 3rd Applicant	d	d	m	m	y	y	y	y					
F	I	R	S	T	M	I	D	D	L	E	L	A	S	T

*PAN of 3rd Applicant	AADHAR CARD NO.
<input type="checkbox"/> Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)	

## PAYMENT DETAILS (Refer Instruction 'x')

#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash	Account type (please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad
Account No.	Date	Amt. of investment (i)	# 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"
Bank		DD Charges if any (ii)	♦ Investment amount shall be Rs. 2 lacs and above in case of payments through NEFT / RTGS.
Branch		Net amount paid (i-ii)	
Amt. in words			

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

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

**INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Scheme, Plan / Option given below) (Refer instruction 'j')**

<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-Master Value Fund
<input type="checkbox"/> UTI-Banking Sector Fund - Regular Plan	<input type="checkbox"/> UTI-Mid Cap Fund
<input type="checkbox"/> UTI-Contra Fund	<input type="checkbox"/> UTI-MNC Fund
<input type="checkbox"/> UTI-Dividend Yield Fund	<input type="checkbox"/> UTI-Nifty Index Fund
<input type="checkbox"/> UTI-Energy Fund	<input type="checkbox"/> UTI-Opportunities Fund
<input type="checkbox"/> UTI-Equity Fund	<input type="checkbox"/> UTI-Pharma & Healthcare Fund
<input type="checkbox"/> UTI-India Lifestyle Fund	<input type="checkbox"/> UTI-Services Industries Fund
<input type="checkbox"/> UTI-Infrastructure Fund	<input type="checkbox"/> UTI-Top 100 Fund
<input type="checkbox"/> UTI-Leadership Equity Fund	<input type="checkbox"/> UTI-Transportation & Logistics Fund
<input type="checkbox"/> UTI-Master Plus Unit Scheme	<input type="checkbox"/> UTI-Wealth Builder Fund Series II - Retail Plan
<input type="checkbox"/> UTI-Mastershare Unit Scheme	

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

**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 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				
4				
5				
6				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with 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" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> (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  )

<b>First Applicant Details</b>	Mobile Number <input type="text"/>	Tel. (R) <input type="text" value="STD CODE"/> <input type="text"/>	*E mail <input type="text"/>
	<input type="text"/>	No. (O) <input type="text" value="STD CODE"/> <input type="text"/>	Alternate E-mail <input type="text"/>

Sign. here

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

Signature of 2nd Applicant  
Name of 2nd Authorised Signatory

Signature of 3rd Applicant  
Name of 3rd Authorised Signatory

Designation \_\_\_\_\_

Designation \_\_\_\_\_

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. 040-23312454, Fax: 040-23115503,  
E-mail: uti@karvy.com