

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)

[illegible]

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 Saving)

☐ UTI Nifty Index Fund

☐ UTI India Lifestyle 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 Regular Savings Fund
- ☐ UTI Hybrid Equity Fund
- ☐ UTI Multi Asset 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)

National Securities Depository Limited	Depository Name _____ DP ID No. [][][][][][][][] Beneficiary Account No. [][][][][][][][]	Central Depository Services (India) Limited	Depository Name _____ Target ID No. [][][][][][][][]
--	---	---	---

[illegible]

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%	

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.



Haq, ek behtar zindagi ka.

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/

Received from Mr / Ms / M/s

An application under

along with Cheque/DD^s/NEFT/RTGS

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

Drawn on (Bank)

for ₹ (in figures)

(scheme name)

dated

Stamp of UTI AMC Office/
Authorised Collection Centre

^s Cheques and drafts are subject to realisation.

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 <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) Aadhaar No. _____ *PAN _____	d	d	m	m	y	y	y	y	To be furnished in case nominee is a minor Name of the guardian _____ Address of guardian _____ Signature of Nominee / guardian (for minor) _____
d	d	m	m	y	y	y	y		

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 ☐ Applicable to NRIs
☐ AAR in Physical Form ☐ At my Overseas address as mentioned above
☐ 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) <table border="1"><tr><td>STD CODE</td><td>_____</td></tr></table>	STD CODE	_____	Tel. (O) <table border="1"><tr><td>STD CODE</td><td>_____</td></tr></table>	STD CODE	_____
	STD CODE	_____					
STD CODE	_____						
*E-mail _____ Alternate E-mail _____							

Sign. here

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

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