



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

TIME STAMP

**(Please read instructions carefully before filling the form and use BLOCK LETTERS only)**

**[Fields Marked with (\*) must be Mandatorily filled in]**

## 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.

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

**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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<b>Existing Unit Holder information :</b>	If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :	<div style="border-bottom: 1px solid black; width: 150px;"></div>
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**APPLICANT'S PERSONAL DETAILS** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s

\* Denotes Mandatory Fields

Name of First Applicant (Name as per the PAN card)

		F	I	R	S	T			M	I	D	D	L	E						L	A	S	T	
				L	A	S	T							Date of Birth/ Incorporation*	D	D	M	M	Y	Y	Y	Y		

**Status of First/ Sole Applicant [Please tick (✓)]:** ☐ Individual ☐ Non-Individual

[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction z & aa)

## NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

Mr.  Ms.  Mrs. (Name as per the PAN card)

\$\$ Proof of date of birth and proof of relationship with minor to be attached (Refer instruction 'f').

\*PAN/PEKRN\$ OF 1<sup>ST</sup> APPLICANT/FATHER/MOTHER/GUARDIAN Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

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)

[illegible]

**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

**Mode of Holding:** ☐ Joint ☐ Anyone or Survivor

(Default - Joint holding)

Name of 2nd Applicant  Mr.  Ms.  Mrs. (Name as per the PAN card)

Date of Birth of 2nd Applicant\*

[illegible]

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

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

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

Name of 3rd Applicant  Mr.  Ms.  Mrs. (Name as per the PAN card)

Date of Birth of 3rd Applicant\*

[illegible]

\*PAN/PEKRS OF 3<sup>RD</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

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

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

**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 (please ✓) ☐ Savings ☐ Current ☐ NRE  
☐ NRO ☐ DD

Account No.

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

Date Amt. of investment (i)

Bank DD Charges if any (ii)

Branch Net amount paid (i-ii)

Amt. in words

# 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
	City *Pin	(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
Account No.		(this is a 11-digit number)

**INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)****Equity Schemes:**

- ☐ UTI Large Cap Fund  
☐ UTI Large & Mid Cap Fund  
☐ UTI Flexi Cap Fund  
☐ UTI Focused Fund  
☐ UTI Mid Cap Fund  
☐ UTI Small Cap Fund  
☐ UTI Value Fund  
☐ UTI Dividend Yield Fund  
☐ UTI ELSS Tax Saver Fund  
☐ UTI India Consumer Fund

- ☐ UTI Infrastructure Fund  
☐ UTI Innovation Fund  
☐ UTI MNC Fund  
☐ UTI Banking and Financial Services Fund  
☐ UTI Healthcare Fund  
☐ UTI Transportation and Logistics Fund

**Index (Equity) Schemes:**

- ☐ UTI BSE Sensex Index Fund  
☐ UTI Nifty 50 Index Fund  
☐ UTI Nifty 50 Equal Weight Index Fund  
☐ UTI Nifty Next 50 Index Fund

- ☐ UTI Nifty 500 Value 50 Index Fund  
☐ UTI Nifty 200 Momentum 30 Index Fund  
☐ UTI BSE Low Volatility Index Fund  
☐ UTI Nifty Midcap 150 Quality 50 Index Fund  
☐ UTI BSE Housing Index Fund

**Hybrid Schemes:**

- ☐ UTI Arbitrage Fund  
☐ UTI Conservative Hybrid Fund  
☐ UTI Equity Savings Fund  
☐ UTI Balanced Advantage Fund  
☐ UTI Multi Asset Allocation Fund  
☐ UTI Aggressive Hybrid Fund

**PLAN** (For All Schemes) ☐ Regular Plan ☐ Direct Plan (refer instruction 'j')**OPTION****1. For All Schemes** (except UTI Conservative Hybrid Fund and UTI Equity Savings Fund))

☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) [not available under UTI ELSS Tax Saver Fund, UTI Small Cap Fund, UTI Focused Fund, UTI Innovation Fund and UTI Balanced Advantage Fund]

All Index funds has only Growth option expect UTI Nifty 50 Index Fund

**2. For UTI Conservative Hybrid Fund** ☐ Growth ☐ Monthly IDCW (Payout) ☐ Monthly IDCW (Reinvestment)

☐ Flexi IDCW (Payout) ☐ Flexi IDCW (Reinvestment) ☐ Monthly Payment (Default-Growth)

**3. For UTI Equity Savings Fund** ☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) ☐ Monthly IDCW (Payout)  
☐ Monthly IDCW (Reinvestment) ☐ Quarterly IDCW (Payout) ☐ Quarterly IDCW (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

<b>National Securities Depository Limited</b>	Depository Name	<b>Central Depository Services (India) Limited</b>	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: F I R S T M I D D L E L A S T

Relationship with the applicant (optional) Mobile

Email

**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'<sup>^^</sup> Company ☐ Other Unlisted Company ☐ PIO  
☐ Others (Please specify) \_\_\_\_\_

<sup>^^</sup> 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

<sup>##</sup> Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

**Note for Non-Individual Investors:** Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)

(Refer Instruction z & aa)

**OCCUPATION:** ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional  
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service  
☐ Forex Dealer ☐ Others (Please specify) \_\_\_\_\_

**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 ₹ \_\_\_\_\_ (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:** \_\_\_\_\_

**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 ₹ \_\_\_\_\_ (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:** \_\_\_\_\_

**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 ₹ \_\_\_\_\_ (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)

Sr. No. 2024/

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 1961]

Received from Mr / Ms / M/s

An application under

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

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

Drawn on (Bank)

for ₹ (in figures)

<sup>s</sup> 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) Not Applicable in case of Investment from Minors**

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account 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	Nominee 1	Nominee 2	Nominee 3
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number*			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

\*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) \*If the proof of identity is Aadhaar, provide last 4 digits only

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our mutual funds Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our mutual funds Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual funds Folio / demat account.

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. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. ● 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/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)∞**

☐ SoA in Physical Form ☐ AAR in Physical Form

Applicable to NRIs : ☐ At my Overseas address as mentioned above ☐ To be dispatched 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) STD CODE	Tel. (O) STD CODE
	*E-mail		
	Alternate E-mail		

\*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member		Name of the family member	
Relationship		Relationship	
PAN		PAN	
Folio Number		Folio Number	

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

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 Kfin Technologies Limited;** Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com



Haq, ek behtar zindagi ka.

## COMMON APPLICATION FORM LIQUID, DEBT AND FUND OF FUNDS

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

Sr.No. 2024/

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 Code <sup>A</sup>	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. <sup>@</sup>	UTI RM No.

<sup>A</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 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 / Mentally Handicapped Persons (for UTI Medium to Long Duration Fund) (Name as per the PAN card)

F I R S T M I D D L E L A S T Date of Birth/ Incorporation\* d d m m y y y y

Status of First/ Sole Applicant [Please tick (✓)] : ☐ Individual ☐ Non-Individual

[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction z & aa)

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$\$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UTI Medium To Long Duration Fund)

☐ Mr. ☐ Ms. ☐ Mrs. (Name as per the PAN card)

F I R S T M I D D L E L A S T Date of Birth\* d d m m y y y y

\$\$ Proof of date of birth and proof of relationship with minor to be attached

(Refer instruction f)

\*PAN/PEKRN\$ OF 1<sup>ST</sup> APPLICANT/FATHER/MOTHER/GUARDIAN

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

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)

State Country\* Zip/Pin\* City\*

DETAILS OF OTHER APPLICANTS

Mode of Holding: ☐ Joint ☐ Anyone or Survivor

(Default - Joint holding)

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. (Name as per the PAN card)

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

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

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

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s. (Name as per the PAN card)

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

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

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

\$ 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 (please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ DD

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 Name		Branch
Address		MICR Code
	City *Pin	(this is a 9-digit number next to your cheque number)

IFS Code

(this is a 11-digit number)

☐ Growth (Default-Growth Option)

For Income Distribution Policy relating to various Options / Sub Options, please refer to SID.

[illegible]

Email



## 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) \_\_\_\_\_

\*\* OCBs are not allowed to invest in units of any of the schemes of UTI MF.

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

NOTE FOR NON-INDIVIDUAL INVESTORS: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory) (Refer Instruction z & aa)

OCCUPATION: ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional  
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service  
☐ Forex Dealer ☐ Others (Please specify) \_\_\_\_\_  
MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary DD MM

## 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

(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: \_\_\_\_\_

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

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

(C) Any other information: \_\_\_\_\_

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

(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) DD/MM/YYYY

(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.

Received from Mr / Ms / M/s

An application under

along with Cheque/DD/NEFT/RTGS  
Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

ACKNOWLEDGEMENT  
(To be filled in by the Applicant)

Sr. No. 2024/

Stamp of UTI AMC Office/  
Authorised Collection Centre

<sup>s</sup> Cheques and drafts are subject to realisation.

**NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors**

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account 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.

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number*			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

\*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) \*If the proof of identity is Aadhaar, provide last 4 digits only

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our mutual funds Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our mutual funds Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual funds Folio / demat account.

**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. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. ● 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/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)\***☐ SoA in Physical Form☐ AAR in Physical Form

**Applicable to NRIs :** ☐ At my Overseas address as mentioned above ☐ To be dispatched 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.

**CONTACT DETAILS OF APPLICANT/S**

First Applicant Details	*Mobile No.		Tel. (R)	STD CODE		Tel. (O)	STD CODE	
	*E-mail							
	Alternate E-mail							

\*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member		Name of the family member	
Relationship		Relationship	
PAN		PAN	
Folio Number		Folio Number	

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

**Signature of 1st Applicant / Guardian / POA\*\***  
Name of 1st Authorised Signatory

Designation \_\_\_\_\_

**Signature of 2nd Applicant / POA\*\***  
Name of 2nd Authorised Signatory

Designation \_\_\_\_\_

**Signature of 3rd Applicant / POA\*\***  
Name of 3rd Authorised Signatory

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 Kfin Technologies Private Limited;** Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfinetech.com