



COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

Sr.No. 2013/

PLEASE USE SEPARATE FORM FOR EACH SCHEME
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 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 '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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> 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 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 OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form) AADHAR CARD NO.	
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)	

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)	
State	Country* Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
F I R S T	M I D D L E L A S T
\$ 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

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.
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.
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)	

PAYMENT DETAILS	
#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash Account type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE (please ✓) <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)
Branch	Net amount paid (i-ii) ✦ Investment amount shall be Rs. 2 lacs and above in case of payments through NEFT / RTGS.
Amt. in words	



ACKNOWLEDGEMENT (To be filled in by the Applicant)

Sr. No. 2013/

Received from Mr / Ms / M/s
 An application under
 along with Cheque / DD No. / Cash
 Drawn on (Bank)
 for ₹ (in figures)

	(scheme name)
	dated

Stamp of UTI AMC Office/ Authorised Collection Centre
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§ Cheques and drafts are subject to realisation.

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

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

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

OPTION (for all schemes) Growth Dividend Payout Dividend Reinvestment (Default is growth option)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 Securities Limited	Depository Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary Account No. _____		

Enclosures : Client Master List (CMI) Transaction cum Holding Statement Delivery Instruction Slip (DIS)**FRIEND IN NEED DETAILS** (refer instruction - k) 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.

Name	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T		
Address:	_____																
Relationship with the applicant (optional)	_____					Email	_____					Mobile	_____				

Annual Income of First Individual Applicant (Please (✓) < 5 Lacs > 5 Lacs - < 15 Lacs > 15 Lacs - < 25 Lacs > 25 Lacs**GENERAL INFORMATION - Please (✓) wherever applicable**

STATUS				MODE OF HOLDING			OCCUPATION			
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> AOP	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> BOI	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or survivor	<input type="checkbox"/> Joint	<input type="checkbox"/> Business	<input type="checkbox"/> Professional
<input type="checkbox"/> HUF	<input type="checkbox"/> Society	<input type="checkbox"/> FII	<input type="checkbox"/> Partnership	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NRI	MARITAL STATUS			<input type="checkbox"/> Student	<input type="checkbox"/> Housewife
<input type="checkbox"/> Trust	<input type="checkbox"/> Others _____							<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Retired
							Wedding Anniversary		<input type="checkbox"/> Agriculture	<input type="checkbox"/> Service
							D D M M		<input type="checkbox"/> Self-employed	<input type="checkbox"/> Others _____

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 d d m m y y y 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

_____	_____	_____
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)

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

_____	_____	_____
Signature of 1st Applicant / Guardian	Signature of 2nd Applicant	Signature of 3rd Applicant
Name of 1st Authorised Signatory _____	Name of 2nd Authorised Signatory _____	Name of 3rd Authorised Signatory _____
Designation _____	Designation _____	Designation _____

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 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